2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004
Secretary of State

DOCUMENT# P03000019748

Entity Name: CARE COMPLIANCE CONSULTANTS, INC.

Current Principal Place of Business:

PO BOX 7872
JACKSONVILLE, FL 32238

New Principal Place of Business:

PO BOX 440454
JACKSONVILLE, FL 32222

Current Mailing Address:

PO BOX 7872
JACKSONVILLE, FL 32238

New Mailing Address:

PO BOX 440454
JACKSONVILLE, FL 32222

FEI Number: 45-0503206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADVANCE HOME RESPIRATORY CARE
999 BLANDING BLVD
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GLOVER, FAYSHONDA D
Address: 7362 GINGER TEA TRAIL S
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAYSHONDA GLOVER P 06/15/2004

Electronic Signature of Signing Officer or Director Date