

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043487

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** FIRST CHOICE MEDICAL SUPPLIES & EQUIPMENT INC.

**Current Principal Place of Business:**

219 N. LAKELAND AVE  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

501 N. ORLANDO AVE.  
313-157  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

219 N. LAKELAND AVE  
ORLANDO, FL 32805 US

**New Mailing Address:**

501 N. ORLANDO AVE.  
313-157  
WINTER PARK, FL 32789 US

**FEI Number:** 01-0778154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODS, ROSA D  
219 N. LAKELAND AVE  
ORLANDO, FL 32805 US

**Name and Address of New Registered Agent:**

MARK, GARVIN N  
501 N. ORLANDO AVE.  
313-157  
WINTER PARK, FL 32789 US

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: GARVIN MARK

04/29/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WOODS, ROSA D  
Address: 217 N. LAKELAND AVE  
City-St-Zip: ORLANDO, FL 32805 US

Title: VP (X) Delete  
Name: MARK, GARVIN N  
Address: 217 N. LAKELAND AVE  
City-St-Zip: ORLANDO, FL 32805 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MARK, GARVIN N  
Address: 501 N. ORLANDO AVE.  
City-St-Zip: WINTER PARK, FL 32789 US

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: GARVIN MARK

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date