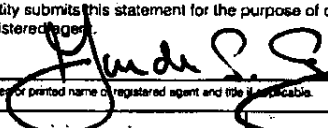
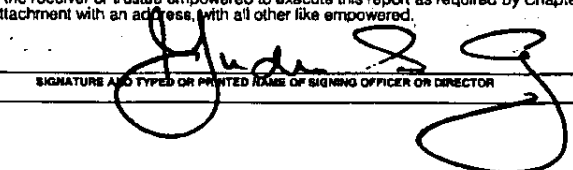


FILED
Apr 27, 2004 8:00 am
Secretary of State

04-12-2004 90315 024 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000061589			
1. Entity Name ACHIEVE MOBILITY & MEDICAL SUPPLY, INC.			
Principal Place of Business 3750 VILLAGE A DELRAY BEACH, FL 33445		Mailing Address 3750 VILLAGE A DELRAY BEACH, FL 33445	
2. Principal Place of Business 2875 S Congress Ave SUITE E		3. Mailing Address 2875 S. Congress Ave SUITE E	
City & State DELRAY BEACH FL		City & State DELRAY BEACH, FL	
Zip 33445		Zip 33445	
Country USA		Country USA	
4. FEI Number 20-0034072		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03172004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SOLOMON, MARC I 2600 N. MILITARY TRAIL SUITE # 290 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent GORDON S SAWYER 2875 S. Congress Ave SUITE E DELRAY BEACH FL 33445	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/10/04 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY- ST- ZIP PRESIDENT GORDON S SAWYER 3750 VILLAGE DR. A DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP V-P RICHARD FRISCH 3750 VILLAGE DR A DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4/10/04 DAYTIME PHONE: 561-265-1500	