2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90315 024 ***150.00

DOCUMENT # P03000061589

1. Entity Name
ACHIEVE MOBILITY & MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
3750 VILLAGE A DELRAY BEACH, FL 33445	3750 VILLAGE A DELRAY BEACH, FL 33445

66415679

2. Principal Place of Business	3. Mailing Address
2875 S CONGRESS AVE	2875 S. CONGRESS AVE
Suite, Apt. #, etc. SUITE E	Suite, Apt. #, etc. SUITE E
City & State DELRAY BEACH FL	City & State DELRAY BEACH, FL
Zip 33445 Country USA	Zip 33445 Country USA

03172004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0034072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

Name GORDON S SAWYER
Street Address (P.O. Box Number is Not Acceptable) 2875 S. CONGRESS AVE
SUITE E
City DELRAY BEACH FL Zip Code 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 [signature] 4/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ Delete	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 ☐ 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
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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: [signature] 4/10/04 561-265-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #