

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079106

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** FIRST CARE MEDICAL SUPPLIES OF NAPLES, INC.

**Current Principal Place of Business:**

689 TAMIAMI TRAIL NORTH  
SUITE A  
NAPLES, FL 341028100

**New Principal Place of Business:**

**Current Mailing Address:**

689 TAMIAMI TRAIL NORTH  
SUITE A  
NAPLES, FL 341028100

**New Mailing Address:**

**FEI Number:** 65-0088257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DWYER, EUGENE J  
118 WATER OAKS WAY  
NAPLES, FL 34105 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DWYER, EUGENE J  
Address: 118 WATER OAKS WAY  
City-St-Zip: NAPLES, FL 34105

Title: D  
Name: DWYER, SUSAN S  
Address: 118 WATER OAKS WAY  
City-St-Zip: NAPLES, FL 34105

I hereby 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 all other like empowered.

SIGNATURE: SUSAN DWYER

D

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date