2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000070306 03-21-2005 90077 033 ***150.00 INTENSIVE CARE POOL SERVICE, INC. Principal Place of Business Mailing Address 31 HABERSHAM DRIVE 31 HABERSHAM DRIVE FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL 32136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 20-1236013 Not Applicable Zip Country Ziρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GHEDINE, RAYMOND A Street Address (P.O. Box Number is Not Acceptable) 31 HABERSHAM DRIVE FLAGLER BEACH, FL 32136 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Addition TITLE ☐ Change TITLE **GHEDINE, RAYMOND A** NAME NAME STREET ADDRESS 31 HABERSHAM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH, FL 32136 ☐ Change TIME ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition MLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE IIIRE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i). Plorida 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. Raymond A. Ghadine

FILED

Mar 21, 2005 8:00 am