

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000116448

1. Entity Name
IDEAL HEALTHCARE INC.



05 NOV 29 AM 8:57

Principal Place of Business
3805 WINDING LAKE CIRCLE
ORLANDO, FL 32835

Mailing Address
3805 WINDING LAKE CIRCLE
ORLANDO, FL 32835

change of Address

2. Principal Place of Business

1889 Curlew Rd
Suite, Apt. #, etc.

3. Mailing Address

12806 Eagles Entry Dr.
Suite, Apt. #, etc.

09142005

Chg-P

CR2E034 (10/03)

City & State

Palm harbor, FL

City & State

Odessa, FL

4. FEI Number

56-2481364

Applied For

Not Applicable

Zip

34683

Country

Zip

33556

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OGUN, ABIMBOLA S
3805 WINDING LAKE CIRCLE
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by October 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME OGUN, ABIMBOLA S
STREET ADDRESS 3805 WINDING LAKE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32835

TITLE D ☐ Delete
NAME OGUN, ANTHONY T
STREET ADDRESS 3805 WINDING LAKE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 800061626168
STREET ADDRESS 11/22/05--01055--003
CITY-ST-ZIP **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/26/05 (727) 637 1430