


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State


03-16-2006 90220 037 ***150.00

DOCUMENT # P05000006328	
1. Entity Name FAMILY CARE MEDICAL EQUIPMENT, CORP.	

Principal Place of Business 10300 SUNSET DR. # 470-E MIAMI, FL 33171	Mailing Address 10300 SUNSET DR. # 470-E MIAMI, FL 33171
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2. Principal Place of Business 10300 Sunset Dr	3. Mailing Address 10300 Sunset Dr
Suite, Apt. #, etc. 470-E	Suite, Apt. #, etc. 470-E
City & State MIAMI	City & State MIAMI
Zip 33173	Country FLORIDA
Zip 33173	Country FLORIDA

50002804



03082006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2221-387	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEL TORO, ANA NORMA 10300 SUNSET DR. # 470-E MIAMI, FL 33171	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL TORO, ANA NORMA 10300 SUNSET DR. # 470-E MIAMI, FL 33171 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:  **03-10-06 (305) 274-2062**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #