

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145675

FILED
Feb 28, 2006
Secretary of State

Entity Name: FAMILY MEDICAL CARE EQUIPMENT AND SUPPLIES INC.

Current Principal Place of Business:

17626 SHADYSIDE CIRCLE
LUTZ, FL 33540

New Principal Place of Business:

Current Mailing Address:

17626 SHADYSIDE CIRCLE
LUTZ, FL 33540

New Mailing Address:

FEI Number: 20-3755360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCK, TRACEE S
17626 SHADYSIDE CIRCLE
LUTZ, FL 33549 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PITCHER, LAURA
Address: 2740 20 MILE LEVEL RD
City-St-Zip: LAND O LAKES, FL 34639

Title: VP () Delete
Name: BROCK, TRACEE S
Address: 17626 SHADYSIDE CIRCLE
City-St-Zip: LUTZ, FL 33549

Title: S () Delete
Name: RIVERA, DELIA
Address: 8709 COBBLER PLACE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TRACEE BROCK

P

02/28/2006

Electronic Signature of Signing Officer or Director

Date