

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000091009

Entity Name: COLCARE MEDICAL, INC.

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2960 W. SR 426  
SUITE 1040  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1597  
SANFORD, FL 32772 15

**New Mailing Address:**

FEI Number: 27-1278747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WINSLOW, ERIC R P  
203 S. VIRGINIA AVE.  
SANFORD, FL 32771 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: P,T  
Name: WINSLOW, ERIC R  
Address: 203 S. VIRGINIA AVE.  
City-St-Zip: SANFORD, FL 32771 US

Title: VP,S  
Name: CASTRO, DAVID I  
Address: 2960 W. SR 426  
City-St-Zip: OVIEDO, FL 32765

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: ERIC R. WINSLOW

P, T

03/23/2012

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

\_\_\_\_\_  
Date