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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90049 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P92000008269**

1. Corporation Name
ELECTROCARE SOLUTIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 4021 W WATERS AVE
 STE B
 TAMPA FL 33614
 US

Mailing Address
 4021 W WATERS AVE
 STE B
 TAMP FL 33614
 US

3. Date Incorporated or Qualified
12/01/1992

2. Principal Place of Business
 21 **8910 N. DALE MARRY HWY**

2a. Mailing Address
 26 **P.O. Box 21727**

4. FEI Number
59-3154084

Suite, Apt. #, etc.
 22 **SUITE # 30**

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **TAMPA, FLORIDA**

City & State
 28 **TAMPA, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
 24 **33614** 25 **U.S.**

Zip Country
 29 **33622** 30 **U.S.**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

PATEL, SHAILENDRA B
 4021 W WATERS AVE
 STE B
 TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name **PATEL, SHAILENDRA**
 82 Street Address (P.O. Box Number is Not Acceptable) **8910 N. DALE MARRY HWY**
 83 **SUITE 30**
 84 City **TAMPA** FL 85 Zip Code **33614**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PATEL, SHAILENDRA B	1.2 NAME	
STREET ADDRESS	4021 W WATERS AVE STE B	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4/9/99** DAYTIME PHONE #: **(813) 915-1866**

CR2E034 (1/98)