

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000004763 (7)

1. Corporation Name

A CARING MEDICAL SUPPLIES, INC.

Principal Place of Business

12323 SW 132 CT
#A
MIAMI FL 33186
US

Mailing Address

12323 SW 132 CT
MIAMI FL 33186
US

2. Principal Place of Business

21 12221 SW 132CT

Suite, Apt. #, etc.

22 Miami, FL

City & State

23 33186

Zip

Country

24

25

2a. Mailing Address

26 12221 SW 132CT

Suite, Apt. #, etc.

27 Miami, FL

City & State

28 33186

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HERRERA, GUILLERMINA Z
3325 SW 114 CT.
MIAMI FL 33165

81 Name

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

83

84 City

FL

85 Zip Code

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

Guillermo Herrera

Signature, typed or printed name of registered agent not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERRERA, GUILLERMINA
3325 S.W. 114 CT.
MIAMI FL 33165

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
Herrera, Guillermina
14831 SW 157CT.
Miami, FL. 33186

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS

☐ Change ☐ Addition

2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE

Guillermo Herrera

9-19-97 (205) 255-1102

FILED

97 DEC 24 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified 3a. Date of last report

01/21/1993

05/01/1996

4. FEI Number

65-0383003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E034 (4/97)