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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000032329 (2)

1. Corporation Name

A.G. CARE MEDICAL EQUIPMENT CORP.

Principal Place of Business

175 FONTAINE BLEAU BLVD
2K7
MIAMI FL 33172
US

Mailing Address

175 FONTAINE BLEAU BLVD
2K7
MIAMI FL 33172-4511
US



2. Principal Place of Business

21 21202 OLEAN BLVD

Suite, Apt. #, etc.
E1

City & State

23 PORT CHARLOTTE, FL.

Zip
24 33952

County
25 CHARLOTTE

2a. Mailing Address

26 21202 OLEAN BLVD

Suite, Apt. #, etc.
E1

City & State

28 PORT CHARLOTTE, FL

Zip
29 33952

Country
30 CHARLOTTE

9. Name and Address of Current Registered Agent

GARCIA, ALBERTO
6278 SW 13TH ST
MIAMI FL 33144

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0479559

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GARCIA, ALBERTO
STREET ADDRESS 6278 SW 13TH ST
CITY-ST-ZIP MIAMI FL 33144

TITLE S ☐ DELETE

NAME GARCIA, MARIA A
STREET ADDRESS 6278 SW 13TH ST
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME ALBERTO GARCIA
1.3 STREET ADDRESS 21202 OLEAN BLVD E1
1.4 CITY-ST-ZIP PORT CHARLOTTE FL. 33952

2.1 TITLE S ☐ Change ☐ Addition

2.2 NAME GARCIA MARIA A
2.3 STREET ADDRESS 21202 OLEAN BLVD E1
2.4 CITY-ST-ZIP PORT CHARLOTTE, FL. 33952

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Alberto Garcia

3/6/97 (941)

CR2E034 (9/96)