

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90047 013 \*\*\*150.00

**DOCUMENT # P94000032329**

1. Entity Name  
**A.G. CARE MEDICAL EQUIPMENT CORP.**

Principal Place of Business  
**2120 OLEAN BLVD. STE E1  
 B-3  
 PORT CHARLOTTE FL 33952  
 US**

Mailing Address  
**2120 OLEAN BLVD. STE E1  
 B-3  
 PORT CHARLOTTE FL 33952  
 US**



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0479559**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GARCIA, ALBERTO  
 6278 SW 13TH ST  
 MIAMI FL 33144~~

**GARCIA ALBERTO  
 4361 HARBOR-BND  
 PORT CHARLOTTE, FL 33952**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P GARCIA, ALBERTO**  
 STREET ADDRESS **21202 OLEAN RD STE E1**  
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **S GARCIA, MARIA A**  
 STREET ADDRESS **21202 OLEAN BLVD. E1**  
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALBERTO GARCIA** *Alberto Garcia* **4/25/01** **941-766-9699**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)