

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90988 002 ***150.00

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DOCUMENT # P94000032329 1. Entity Name A.G. CARE MEDICAL EQUIPMENT CORP.					
Principal Place of Business 21202 OLEAN BLVD. A6 PORT CHARLOTTE, FL US			Mailing Address 21202 OLEAN BLVD. A-6 PORT CHARLOTTE, FL 33952 US		
2. Principal Place of Business 21202 OLEAN BLVD Suite, Apt. #, etc. E-3-4			3. Mailing Address SAME Suite, Apt. #, etc.		
City & State PORT CHARLOTTE			City & State City & State		
Zip FL		Country 33952		Zip Zip	
Country FL		Country 33952		4. FEI Number 65-0479559	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHARLOTTE GARCIA, ALBERTO 4361 HARBOR BLVD PORT CHARLOTTE, FL 33953			7. Name and Address of New Registered Agent Name ALBERTO GARCIA Street Address (P.O. Box Number is Not Acceptable) 1005 CONECTA DR City PUNTA GORDA FL Zip Code 33950		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Alberto Garcia</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ALBERTO 21202 OLEAN RD STE E1 PORT CHARLOTTE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA ALBERTO 1005 CONECTA DR PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, MARIA A 21202 OLEAN BLVD. E1 PORT CHARLOTTE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA MARIA 1005 CONECTA DR PUNTA GORDA, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.					
SIGNATURE: <u><i>Alberto Garcia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-27-05</u> Daytime Phone # <u>94-766-9699</u>		