

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000032329

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: A.G. CARE MEDICAL EQUIPMENT CORP.

## Current Principal Place of Business:

21202 OLEAN BLVD.  
E-3-4  
PORT CHARLOTTE, FL 33952 US

## New Principal Place of Business:

## Current Mailing Address:

21202 OLEAN BLVD.  
E-3-4  
PORT CHARLOTTE, FL 33952 US

## New Mailing Address:

FEI Number: 65-0479559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, ALBERTO  
1005 CONNECT DR  
PUNTA GORDA, FL 33950 US

## Name and Address of New Registered Agent:

GARCIA, ALBERTO  
101 EASTON DR  
PORT CHARLOTTE, FL 33952 US

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: ALBERTO GARCIA

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GARCIA, ALBERTO  
Address: 1005 CONECTA DR  
City-St-Zip: PUNTA GORDA, FL 33950

Title: S ( ) Delete  
Name: GARCIA, MARIA A  
Address: 1005 CONECTA DR  
City-St-Zip: PUNTA GORDA, FL 33950

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GARCIA, ALBERTO  
Address: 101 EASTON DR  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S (X) Change ( ) Addition  
Name: GARCIA, MARIA A  
Address: 101 EASTON DR  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO GARCIA

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date