

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90075 049 ***150.00

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
**2120 OLEAN BLVD. STE E-1
B-3
PORT CHARLOTTE FL 33952
US**

11007751



2. Principal Place of Business

3. Mailing Address

21202 OLEAN BLVD A6

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT CHARLOTTE FL

Zip

Country

Zip

Country

33952 USA

4. FEI Number

65-0479559

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, ALBERTO
4361 HARBOR BLVD
PORT CHARLOTTE FL 33953**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALBERTO GARCIA**

Alberto Garcia

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

(NOTE: Registered Agent signature required when reinstating)

DATE

(* FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, ALBERTO	
STREET ADDRESS	21202 OLEAN RD STE E1	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, MARIA A	
STREET ADDRESS	21202 OLEAN BLVD. E1	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:

ALBERTO GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alberto Garcia 4/21/03 941-766-9699

CR2E034 (10/02)