

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90009 043 ***150.00

DOCUMENT # P94000051653

1. Entity Name
S.O.F. HEALTH CARE PRODUCTS OF FLORIDA, INC.



Principal Place of Business
2828 S. TAMiami TRAIL
SARASOTA, FL 34239

Mailing Address
2828 S. TAMiami TRAIL
SARASOTA, FL 34239

50062808



02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0506457

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FILSON, RICHARD A
2727 S TAMiami TRAIL SUITE 3
SARASOTA, FL 34239

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MCCOMB, WILLIAM E
2828 S TAMiami TRAIL
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
LOGAN, SAMUEL C
1400 QUAIL DRIVE
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-05 941957 D200

ATTACHMENT

50062808
P94 000051653

8/18/05

TO whom it may concern,

A check and paperwork was sent on 2-18-05 for payment. The check was never cashed. Upon reviewing the Status on line I am resubmitting a copy with a new check. Thankyou in advance.

Sincerely

Willson McClure
for SOT Health Care Products
Inc.