

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000061724**

1. Entity Name

A-1 CARE MEDICAL SUPPLIES CORP.



**FILED**

**Apr 11, 2003 8:00 am  
Secretary of State**

04-11-2003 90226 037 \*\*\*150.00

Principal Place of Business  
4286 PALM AVE  
HIALEAH FL 33012

Mailing Address  
4286 PALM AVE  
HIALEAH FL 33012

2. Principal Place of Business

*4286 Palm Ave.*  
Suite, Apt. #, etc.

3. Mailing Address

*4286 Palm Ave.*  
Suite, Apt. #, etc.

City & State

*Hialeah*

City & State

*Hialeah*

Zip

*FL 33012 USA*

Zip

*FL 33012 USA*

Country

4. FEI Number

**65-0541635**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, JOSE S  
4286 PALM AVE  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name *Calderon, Jackeline*  
Street Address (P.O. Box Number is Not Acceptable)  
*4286 Palm Avenue*

City *Hialeah* FL Zip Code *33012*

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 *J Calderon*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/8/03*

**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  Delete  
NAME *PVST*  
STREET ADDRESS *HARTMAN, JOSE S*  
CITY-ST-ZIP *4286 PALM AVE*  
*HIALEAH FL 33012*

TITLE  Change  Addition  
NAME *Calderon, Jackeline*  
STREET ADDRESS *4286 Palm Avenue*  
CITY-ST-ZIP *Hialeah, FL 33012*

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Change  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 *J Calderon* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*J Calderon 4/8/03*

Daytime Phone #

CR2E034 (10/02)