

Amended A 61.25

<b>*PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 DEC -3 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000056378 (9)**  
 1. Corporation Name  
**LOVE CARE MEDICAL SUPPLY CORP.**

Principal Place of Business <b>8181 NW. 36TH ST. #13 E MIAMI FL. 33166</b>	Mailing Address <b>8181 NW. 36TH ST. #13 E MIAMI FL. 33166-6646</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/20/1995</b>	3a. Date of Last Report <b>04/24/1997</b>
4. FEI Number <b>65-0595 136</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DELGADO ARMANDO**  
**5970 SW. 12TH ST**  
**MIAMI FLA. 33144**

10. Name and Address of New Registered Agent  
 81 Name  
**DELGADO BERNARDA C.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**9191 FOUNTAINEBLEAU BLVD. #14**  
 83  
 84 City  
**MIAMI**  
 FL 85 Zip Code  
**33172**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **BERNARDA C. DELGADO** *[Signature]* **11/24/97**  
 Signature, typed or printed name of registered agent and title if applicable DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DELGADO ARMANDO</b>
STREET ADDRESS	<b>8181 NW. 36TH ST. #13 E</b>
CITY-ST-ZIP	<b>MIAMI FLA. 33166</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT/SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DELGADO BERNARDA C.</b>
1.3 STREET ADDRESS	<b>8181 NW. 36TH ST. #13 E</b>
1.4 CITY-ST-ZIP	<b>MIAMI FLA. 33166</b>
2.1 TITLE	<b>VICE-PRESIDENT/TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DELGADO ARMANDO</b>
2.3 STREET ADDRESS	<b>8181 NW. 36TH ST. #13E</b>
2.4 CITY-ST-ZIP	<b>MIAMI FLA. 33166</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>7000002364767-3</b>
4.2 NAME	<b>12/05/97-01110-005</b>
4.3 STREET ADDRESS	<b>*****61.25 *****61.25</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, typed or printed, or on an attachment with an address.

SIGNATURE: *[Signature]* **11/24/97.** (305) 513-9077

CR2E034 (9/96)