

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90018 008 ***158.75

DOCUMENT # P95000080289

1. Entity Name
HONORCARE, INC.



Principal Place of Business
**2033 MAIN STREET
SUITE 300
SARASOTA, FL 34237**

Mailing Address
**2033 MAIN STREET
SUITE 300
SARASOTA, FL 34237**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0633992

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LORD, TODD
2033 MAIN STREET
SUITE 300
SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

Name **Brian Fuhrmeister**

Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street Suite 300

City **Sarasota**

FL

Zip Code
34237

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

Brian Fuhrmeister **Brian Fuhrmeister CFO**

1/30/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CCEO** ☐ Delete
NAME **MCCARVER, JAMES O**
STREET ADDRESS **2033 MAIN STREET STE 300**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE **VD** ☐ Delete
NAME **MCCARVER, PAT**
STREET ADDRESS **2033 MAIN STREET STE 300**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE **P** ☒ Delete
NAME **LORD, TODD M**
STREET ADDRESS **2033 MAIN STREET STE 300**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Change ☒ Addition
NAME **Brian Fuhrmeister**
STREET ADDRESS **2033 Main St Ste 300**
CITY-ST-ZIP **Sarasota FL 34237**

TITLE ☐ Change ☐ Addition
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:

Brian Fuhrmeister **Brian Fuhrmeister**

1/30/04

941 952 9411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #