


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000080289</b> 1. Entity Name HONORCARE, INC.	
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Principal Place of Business 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237	Mailing Address 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0633992	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FUHRMEISTER, BRIAN 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>		<p>U00000178941 01/12/05-80049-006 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO MCCARVER, JAMES O 2033 MAIN STREET STE 300 SARASOTA, FL 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCARVER, PAT 2033 MAIN STREET STE 300 SARASOTA, FL 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FUHRMEISTER, BRIAN 2033 MAIN STREET STE 300 SARASOTA, FL 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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.

<b>SIGNATURE:</b>  <b>Brian Fuhrmeister</b>	Date <b>1/7/05</b>	Daytime Phone # <b>941 952 9411</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		