

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90068 025 ***150.00

DOCUMENT # P95000089705

1. Entity Name
THERACARE, INC.



Principal Place of Business
**4971 CHUMUCKLA HWY
PACE, FL 32571**

Mailing Address
**4971 CHUMUCKLA HWY
PACE, FL 32571**

14002476



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3357199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FORTUNE, EDMOND M
4971 CHUMUCKLA HWY
PACE, FL 32571**

**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 _____ (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	STD
NAME	FORTUNE, ERMA RUTH
STREET ADDRESS	4971 CHUMUCKLA HWY
CITY-ST-ZIP	PACE, FL 32571
TITLE	PD
NAME	FORTUNE, EDMUND
STREET ADDRESS	4971 CHUMUCKLA HWY
CITY-ST-ZIP	PACE, FL 32571
TITLE	D
NAME	NORTHCUTT, FELICIA
STREET ADDRESS	5449 ROWE TRAIL
CITY-ST-ZIP	PACE, FL 32571
TITLE	D
NAME	FORTUNE, TERRY L
STREET ADDRESS	4960 FOREST CREEK
CITY-ST-ZIP	PACE, FL 32571
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: *Edmond M Fortune*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 *850-994-5386*

Date

Daytime Phone #