

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000026631 (7)
1. Corporation Name
ULTIMATE HEALTH CARE SUPPLIES & SERVICES, INC.



Principal Place of Business 5711 NW 60TH ST. PARKLAND FL 33067	Mailing Address 5711 NW 60TH ST. PARKLAND FL 33067-4425
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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		3. Date Incorporated or Qualified 03/26/1996	3a. Date of Last Report
4. FET Number 65-0652561		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 1301 SEMINOLE BLVD., 155 LARGO FL 34640		10. Name and Address of New Registered Agent 81 Name JOHN TUCKER 82 Street Address (P.O. Box Number is Not Acceptable) 5711 NW 60 ST. 83 84 City PARKLAND FL 85 Zip Code 33067	
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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 *John H. Tucker* DATE **3/7/97**
(Signature types: 4 printed name of registered agent, and file 4 applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	TUCKER, JOHN H	1.1 TITLE	P	NAME	SHERYLL T. TUCKER
STREET ADDRESS		STREET ADDRESS	5711 NW 60TH ST.	1.2 NAME		STREET ADDRESS	5711 NW 60 ST.
CITY-ST-ZIP		CITY-ST-ZIP	PARKLAND FL 33067	1.3 STREET ADDRESS		CITY-ST-ZIP	PARKLAND FL 33067
TITLE		TITLE		2.1 TITLE	V.P.	NAME	TUCKER JOHN H.
NAME		NAME		2.2 NAME		STREET ADDRESS	5711 NW 60 ST
STREET ADDRESS		STREET ADDRESS		2.3 STREET ADDRESS		CITY-ST-ZIP	PARKLAND FL 33067
CITY-ST-ZIP		CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE		TITLE		3.1 TITLE		NAME	
NAME		NAME		3.2 NAME		STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS		3.3 STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		TITLE		4.1 TITLE		NAME	
NAME		NAME		4.2 NAME		STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS		4.3 STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		TITLE		5.1 TITLE		NAME	
NAME		NAME		5.2 NAME		STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS		5.3 STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		TITLE		6.1 TITLE		NAME	
NAME		NAME		6.2 NAME		STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS		6.3 STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE *John H. Tucker* **JOHN H. TUCKER** **4/1/97** **954 752-3155**

CR2E034 (9/96)