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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101111 (8)

1. Corporation Name

A CARING MEDICAL SUPPLY CENTER, INC.

Principal Place of Business

1097 WYNNEDALE ROAD
WEST PALM BEACH FL 33417

Mailing Address

1097 WYNNEDALE ROAD
WEST PALM BEACH FL 33417-5661



2. Principal Place of Business

21 2695 N. Military Trail
Suite, Apt. #, etc.
20

23 City & State
WEST PALM BEACH FL

24 Zip 33409 Country Palm Beach

2a. Mailing Address

26 2695 N. Military Trail
Suite, Apt. #, etc.
20

28 City & State
WEST PALM BEACH FL

29 Zip 33409 Country Palm Beach

3. Date Incorporated or Qualified
12/16/1996

3a. Date of Last Report
N/A

4. FEI Number

65-0716310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

WIBLE, THERESA M
1097 WYNNEDALE ROAD
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

2695 N. Military Trail
20

83 City

WEST PALM BEACH

FL

85 Zip Code 33409

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 THERESA M. WIBLE *Theresa M. Wible President*

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME WIBLE, THERESA M
STREET ADDRESS 1097 WYNNEDALE ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33417

☐ DELETE

TITLE D
NAME WIBLE, ANN M
STREET ADDRESS 1097 WYNNEDALE ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33417

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, unchanged, or on an attachment with an address.

SIGNATURE: *Theresa M. Wible* 2/26/97

516-1683-2999

CR2E034 (9/96)