Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90101 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101111

1. Corporation Name

A CARING MEDICAL SUPPLY CENTER, INC.

Principal Place	e of Business	Maiiir	ng Address				i				
2695 N MILITARY TRAIL			2695 N MILITARY TRAIL								
#20 WEST PALM BEACH FL 33409			#20 West Palm Beach FL 33409				DO NOT WRITE IN THIS SPACE				
US		US					3. Date Incorporated or Qualifed				
		••					12/16/1996				ŀ
2 Principal P	lace of Business	20 M	lailing Address			· -	4. FEI Number	-		Applied F	or
21	lace of Dosiness	26					65-0716310	<u></u>		Not Appli	_
Suite, Apt.	# etc		uite, Apt. #, etc.						\$8.7	5 Addition	nal
22	,, 0.0.	27	,				5. Certifcate of Status Des	sired	Fee	Required	}
City & State	e ·		ity & State				6. Election Campaign Fina	ancina —	\$5.	00 May B	e
23		28	-				Trust Fund Contribution	- 11		led to Fees	
Zip	Country	Zi	р	Co	ountry		8. This corporation owes t	he current yea	r Intangible		
24	25	29		30			Personal Property Tax.		Yes	No	
	9. Name and Address of Curro	ent Register	ed Agent				10. Name and Address of	New Registe	red Agent		
					81	Name					
	LE, THERESA M				82	Street A	ddress (P.O. Box Number is Not.	Acceptable)			
	7 WYNNE DALE ROAD				"	Onectiv	daless (1 .e. box (tallibat le rist)	,			
WES	ST PALM BEACH FL 33417				83				<u> </u>		
	•				84	011			85 2	Zip Code	
{					04	City			FL °° ′	Lip Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.	1508, Florida Statut	es, the a	above	e-named c	orporation submits this statement	for the purpos	e of changing	j its registe	ered
office or n	registered agent, or both, in the Statum familiar with, and accept the oblig	te of Florida. cations of, Se	Such change was a ection 607.0505. Flo	uthorize rida Sta	ed by 1 atutes.	tne corpor	ation's board of directors. I hereb	у ассері іпе а	ippointment a	s registere	iu
agont. L	att tallima. Itali, and accept the con-	g									
CONTRACTOR											Į
SIGNATURE	Signature, typed or printed name of registered a	gent and title if ap	plicable. (NOTE	: Registere	ed Agent	t signature rec	uired when reinstating)	DAT			
SIGNATURE 12.	OFFICERS A	gent and title if ap	ORS	13.	3.	t signature rec	uired when reinstating) ADDITIONS/CHANGES		S AND DIRE		
	OFFICERS A		<u> </u>	13.		it signature rec					12 Addition
12.	OFFICERS A PTSD WIBLE, THERESA M		ORS	13.	3.	t signature rec			S AND DIRE		
12. ππ.Ε	PTSD WIBLE, THERESA M 1097 WYNNEDALE ROAD	AND DIRECT	ORS	13. 1.1 T	TITLE NAME	t signature rec			S AND DIRE		
12. TITLE NAME	PTSD WIBLE, THERESA M	AND DIRECT	TORS DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C	B. TITLE NAME STREET CITY-ST	ADDRESS			S AND DIRE	nge □ A	Addition
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14. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed

SIGNATURE: