

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050904

FILED
Jan 12, 2009
Secretary of State

Entity Name: AFTER CARE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

1500 NW 3RD ST
SUITE 105
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1500 NW 3RD ST
SUITE 105
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-0763443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, GARY
1500 N W 3RD ST
SUITE 105
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COHEN, GARY
Address: 1500 NW 3RD ST STE 105
City-St-Zip: DEERFIELD BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. COHEN

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date