

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050904

FILED
Feb 16, 2010
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:

3600 S. CONGRESS AVE
SUITE N
BOYNTON BEACH, FL 33426

Current Mailing Address:

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

New Mailing Address:

3600 S. CONGRESS AVE
SUITE N
BOYNTON BEACH, FL 33426

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:

COHEN, GARY
3600 S. CONGRESS AVE
SUITE N
BOYNTON BEACH, FL 33426 US

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:

02/16/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: COHEN, GARY
Address: 3600 S CONGRESS AVE, SUITE N
City-St-Zip: BOYNTON BEACH, FL 33426 US

I hereby 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 all other like empowered.

SIGNATURE: GARY A. COHEN

PRES

02/16/2010

Electronic Signature of Signing Officer or Director

Date