

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 14, 1999 8:00 am**  
**Secretary of State**

09-14-1999 90003 032 \*\*\*150.00

DOCUMENT # P97000076671

Corporation Name  
CAP HEALTH PRODUCTS, INC.

Principal Place of Business

SHORELINE DR.  
NAPLES FL 34119

Mailing Address

622 SHORELINE DR.  
NAPLES FL 34119



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

59-3467140

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CLARY, MARY BETH M  
4501 TAMiami TrL., N., STE. 400  
NAPLES FL 34103-3013

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| OFFICERS AND DIRECTORS          |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---------------------------------|--|---|---|
| <input type="checkbox"/> DELETE | P<br>PACANA, ANGELA<br>622 SHORELINE DRIVE<br>NAPLES FL 34119    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | VPS<br>PACANA, CHARLES<br>622 SHORELINE DRIVE<br>NAPLES FL 34119 | 1.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 1.3 STREET ADDRESS                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 1.4 CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 2.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 2.3 STREET ADDRESS                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 2.4 CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 3.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 3.3 STREET ADDRESS                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 3.4 CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 4.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 4.3 STREET ADDRESS                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 4.4 CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 5.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 5.3 STREET ADDRESS                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |  | 5.4 CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <input type="checkbox"/> DELETE |  | 6.4 CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAILED  
4-23-99

4-23-99 941 4551311

CR2E034 (11/98)

**C A P HEALTH PRODUCTS, INC.**

622 Shoreline Drive, Suite 112

Naples, FL 34119

Phone (941) 455-1311 ♦ Fax (941) 455-1311

P97000076671  
614933-90003-32

September 10, 1999

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

ATT: CAROL ANDERSON

Dear Miss Anderson:

Per our conversation, please find enclosed a copy of the 1999 Annual Report for Corporations that was originally filed on April 23, 1999 and our replacement check #1031 for \$150.00.

Because of the limited activity of this business, our accountant only reviews our books every six months. Upon reconciling our bank statement, our accountant brought to our attention that our original check #1028 still had not cleared. In calling the State today, they indicated that they had not received our check or original return. Accordingly, I am enclosing a copy and a replacement check for \$150.00. This is a second business which has very little activity which you can see from the original check number and the replacement check number being close together.

If you should have any questions, please don't hesitate to contact me.

Very truly yours,



Charles J. Pacana  
Vice President