
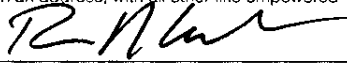


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90095 033 \*\*\*150.00

<b>DOCUMENT # P98000050186</b> 1. Entity Name <b>FLORIDA HEALTHCARE SUPPLY, INC.</b>		
Principal Place of Business <b>6290 NW 27TH WAY FT. LAUDERDALE, FL 33309</b>		Mailing Address <b>POST OFFICE BOX 8606 FT. LAUDERDALE, FL 33310-8606</b>
2. Principal Place of Business - No P.O. Box # <b>999 NW 5TH AVENUE</b>	3. Mailing Address <b>PO Box 223</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FL.</b>	City & State <b>BOCA RATON, FL.</b>	4. FEI Number <b>65-0852640</b>
Zip <b>33432</b>	Country <b>USA</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33429-0223</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>COLLINS, RON N 6810 NW 20TH AVENUE FT. LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>999 NW 5TH AVENUE</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33432</b>
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, RON POST OFFICE BOX 223 BOCA RATON, FL 334290223	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered		
<b>SIGNATURE:</b> 		Date <b>4-5-07</b> Daytime Phone # <b>561-392-0838</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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