

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90030 043 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P99000109982</b>			
1. Entity Name <b>POWER MOBILITY HEALTHCARE, INC.</b>			
Principal Place of Business <b>3913 SE LAKE WEIR ROAD OCALA FL 34480</b>		Mailing Address <b>3913 SE LAKE WEIR ROAD OCALA FL 34480</b>	
2. Principal Place of Business <b>3917 SE LAKE WEIR ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>3917 SE LAKE WEIR ROAD</b> Suite, Apt. #, etc.	
City & State <b>OCALA FL</b>		City & State <b>OCALA FL</b>	
Zip <b>34480</b>		Country <b>USA</b>	
4. FEI Number <b>59-3616126</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>COOK, STAN 8701 SW 40TH AVENUE OCALA FL 34476</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COOK, STAN 8701 SW 40TH AVE OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUDY FALSON 7450 SW 19TH AVE ROAD OCALA, FL 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COONS, ALBERT 5225 SE 113TH PL BELLEVIEW FL 34420 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. ROSEMARY COOK 8701 SW 40TH AVE OCALA, FL 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		STAN COOK 01-03-01 352-690-1996	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)