


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90065 023 \*\*\*150.00

<b>DOCUMENT # V32499</b>	
1. Entity Name <b>COLLINS MEDICAL, INC.</b>	

Principal Place of Business <b>6802 NW 20TH AVENUE FORT LAUDERDALE FL 33309 US</b>	Mailing Address <b>PO BOX 100438 FT LAUDERDALE FL 33310-0438 US</b>
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2. Principal Place of Business <b>6810 NW 20th Ave</b>	3. Mailing Address <b>PO Box 223</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

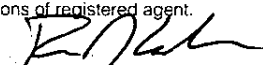
City & State <b>Fort. Lauderdale FL</b>	City & State <b>Boca Raton FL</b>
Zip <b>33309</b>	Zip <b>33429-0223</b>
Country <b>US</b>	Country <b>USA</b>

4. FEI Number <b>59-3121800</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>COLLINS, RON N 6802 NW 20TH AVE FORT LAUDERDALE FL 33309</b>	
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7. Name and Address of New Registered Agent	
Name <b>COLLINS, RON N.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6810 NW 20th Ave</b>	
City <b>Fort Lauderdale</b>	FL Zip Code <b>33309</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 	<b>Ron N. Collins President</b>	DATE <b>3-11-04</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COLLINS, RON PO BOX 223 BOCA RATON FL 33429-0223</b> <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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
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<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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