FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # **M94245** **(1)**

1. Corporation Name

HOME MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
C/O ROBERT A. KUSHER 1940 HARRISON ST HOLLYWOOD FL 33020 US	C/O ROBERT A. KUSHER 1940 HARRISON ST HOLLYWOOD FL 33020 US

3. Date Incorporated or Qualified: **08/15/1988**

3a. Date of Last Report: **02/01/1995**

4. FEI Number: **65-0061604** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3250 N 29 Avenue	26 3250 N 29 Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hollywood FL	City & State 28 Hollywood FL
Zip 24 33020 Country 25 Broward	Zip 29 33020 Country 30 Broward

9. Name and Address of Current Registered Agent

KUSHER, ROBERT A.
~~11101 MINNEAPOLIS DRIVE~~ 3250 N 29 Avenue
~~COOPER CITY FL 33026~~ Hollywood, FL 33020

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

11. 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 _____ (If this Registered Agent Signature is required when not filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KUSHER, ROBERT A.		1.2 NAME		
STREET ADDRESS	11101 MINNEAPOLIS DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KUSHER, ROBERT A.		2.2 NAME		
STREET ADDRESS	11101 MINNEAPOLIS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: ROBERT KUSHER 2/7/96 954-925-9085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #