

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

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97 AUG 21 PM 2:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000003188 (9)

1. Corporation Name
ACCESS MEDICAL HOME CARE, INC.



Principal Place of Business 7120 NOB HILL RD., #21 TAMARAC FL 33321	Mailing Address 7120 NOB HILL RD., #21 TAMARAC FL 33321
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/09/1992	3a. Date of Last Report 02/14/1997
21	22	26	27	4. FEI Number 65-0367686	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent

VASALLO, CLEMENTE A
4350 S.W. 59TH AVENUE, #1A
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASALLO, CLEMENTE A	1.2 NAME	500002278865--2
STREET ADDRESS	4350 S.W. 59TH AVENUE, #1A	1.3 STREET ADDRESS	-08/27/97--01102--008
CITY-ST-ZIP	DAVIE FL 33314	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARMAS, ALINA	2.2 NAME	
STREET ADDRESS	7120 NOB HILL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 my address.

SIGNATURE: _____ AUG 10 1997

CR2E034 (4/97)

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8-21-97

Access Pharmacy
Medical Supply Rental
Telephone (954) 720-1441
7120 Nob Hill Rd.
Tamarac, FL 33321



**Annual Reports Filings
Division of Corporation
P.O. Box 1500
Tallahassee**

8/13/97

As per our conversation with Mr. Logan today, you will find a check in the amount of \$ 165.00 for renewal fees.

Mr Logan, In his authority, has agreed to waive any late fees because;

- 1) Access Medical Homecare never received the initial and customary renewal letter from your office.**
- 2) The only notice received from your office did not arrive here until two weeks ago, despite the fact that a change of address was in place since 2/14/97.**
- 3) Mr Logan requested that we notify your office by way of this letter in order to become reinstated and not be charged any late fees.**

Thank you for your cooperation.


**Clemente Vasallo
President
Access Medical Home Care
Doc. # P92000003188**