

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004790

**FILED  
Apr 22, 2015  
Secretary of State  
CC1674958326**

**Entity Name:** THE HOUSE PORTABLE MEDICAL CARE, INC.

**Current Principal Place of Business:**

13650 CRYSTAL RIVER DRIVE  
ORLANDO, FL 32828

**Current Mailing Address:**

13650 CRYSTAL RIVER DRIVE  
ORLANDO, FL 32828

**FEI Number: 90-0723018**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AVILES, MARIBEL DR.  
13650 CRYSTAL RIVER DRIVE  
ORLANDO,, FL 32828 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            C  
Name            AVILES, MARIBEL DR.  
Address        13650 CRYSTAL RIVER DRIVE  
City-State-Zip: ORLANDO FL 32828

Title            VC  
Name            CASADO, MARIE  
Address        13650 CRYSTAL RIVER DRIVE  
City-State-Zip: ORLANDO FL 32828

Title            OFFICER  
Name            LOPEZ, ISIDRO A  
Address        18396 SW 158TH SRTEET  
City-State-Zip: MIAMI FL 33187

Title            SECRETARY  
Name            ABT, DIANA  
Address        13650 CRYSTAL RIVER DRIVE  
City-State-Zip: ORLANDO FL 32828

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARIBEL AVILES**

**CHAIR**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date