FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 393343

(9)

BASIC HOME MEDICAL SUPPLY, INC.

FILED
Apr 29 1997 8:00am
Secretary of State

Principal Place	e of Business	Mailing Address				
P.O.BOX 2948 111 E.KENTUCKY AVE. DELAND FL 32723		P.O.BOX 2948 111 E KENTUCKY AVE. DELAND FL 32723-2948			Date Incorporated or Qualified Application	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			12/30/1971 05/01/1996 4. FEI Number Applied For
21		26	26			59-1372746 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· ·			5. Certificate of Status Desired See Required Fee Required
City & State		City & State	,_ ,		-	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Cour	itry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Curr	ent Registered Agent		T		10. Name and Address of New Registered Agent
PYLE, RUTH B.				81	Name	
867 TORCHWOOD DRIVE			-	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	AND, FL AND FL 32724			83		
	AND FL 32/24					
i				84	City	FL 85 Zip Code
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Storn familiar with, and accept the obline in the section of the section	502 and 607 1508, Florida Statulite of Florida Such change was ligations of, Section 607.0505, Fl	les, the ab authorized orida Statu	ove by ites	i-named corpo the corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature typod or printed name of registered	agent and title if applicable (NO)	II Hegistered	 Ager	nt signalure requirer	ed when revisiating) DATE
12.	OFFICERS A	AND DIRLCTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 1111	f		Change Addition
NAME	PYLE, RUTH B.	•	1.2 NA/			
STREET ADDRESS	867 TORCHWOOD DR.				ADDRESS	
CITY-ST-ZIP TITLE	DELAND, FL 00000 S	DELETE	1.4 CH 2.1 Trit		(- Z(P	Change Addition
NAME	OUIMETTE, ADELL M.		2.2 NA			La vidingo La riginion
STREET ADDRESS	508 N. KENTUCKY AVE.				ADDRESS	
CITY-ST-ZIP	DELAND FL		2. 4 CiTY		l l	•
TITLE		DELETE	3 1 1 1 1	L[Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3 3 S I F	REFT	ADDRESS	
CITY-ST-ZIP			3 4. CITY-ST-ZIP		ST - ZIP	
TITLE		☐ DETELE				Change Addition
NAME			4 2 NA			
STREET ADDRESS CITY-ST-ZIP			4 3 ST		ADDRESS	
TITLE		DELETE	5 1 1 11		1 - 711.	☐ Change ☐ Addition
NAME	· ·		5.2 NA			
STREET ADDRESS					ADDRESS	!
CITY-ST-ZIP	1		5 4 CI1			:
TITLE			6 1 117	ĮF	Change Addition	
NAME			6 2 NA	ME		
STREET ADDRESS			6.3 \$11	REL.	ADDRESS	
CITY-ST-ZIP 6.4 CI					C. O. C. 440 070VA FILL OLD 11 11 11 11 11 11 11	
15. I do here	by cert ify that the information subb	lied with this bling does not qual	iiv for the e	exer	motion stated	in Section 119.07(3)(i). Florida Statutes. I further certify that the

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t). Florida Statutes. Effort errify 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.

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