

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90093 002 ***150.00

DOCUMENT # 593681

1. Entity Name
MED-CARE HOME MEDICAL SUPPLIES, INC.

Principal Place of Business Mailing Address
1700-A WEST FIRST ST. 1700-A WEST FIRST ST.
SANFORD FL 32771 SANFORD FL 32771-1623

920849



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1946637		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NORDMAN, ANNETTE N. 1700-A W. FIRST ST. SANFORD FL 32771				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

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.

SIGNATURE **ANNETTE N. NORDMAN** *Annette N. Nordman* **3/10/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDMAN, ANNETTE N.		NAME		
STREET ADDRESS	693 E. KENTUCKY AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDMAN, ANNETTE N.		NAME		
STREET ADDRESS	693 E. KENTUCKY AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIMS, JAMES W		NAME	ANNETTE N. NORDMAN	
STREET ADDRESS	330 S. STONE ST.		STREET ADDRESS	693 E. KENTUCKY Ave	
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP	DELAND, FL 32724	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Annette N. Nordman* **ANNETTE N. NORDMAN** **3/10/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
407-322-8855

CR2E034 (9/99)