FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F90560

1. Entity Name
FLORIDA HOME MEDICAL, INC.

FILED
02 JAN 17 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~Betty~~ 915 S. Orange	915 S. Orange Ave,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32806 Country:	Zip: 32806 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2196558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Betty Bruinsma

Street Address (P.O. Box Number is Not Acceptable): 915 S. Orange Ave

City: Orlando FL Zip Code: 32806

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: BETTY BRUINSMA Betty Bruinsma, President 12-31-01
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	BETTY BRUINSMA
STREET ADDRESS	915 S. ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	VICE PRESIDENT
NAME	FRANK BRUINSMA
STREET ADDRESS	915 S. Orange Ave
CITY-ST-ZIP	Orlando, FL 32806
TITLE	~~TREASURER~~
NAME	DAVID BRUINSMA
STREET ADDRESS	915 S. ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	SECRETARY
NAME	BETTY BRUINSMA
STREET ADDRESS	915 S. Orange Ave
CITY-ST-ZIP	Orlando, FL 32806
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Bruinsma Betty Bruinsma 12-31-01 407-849-6455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #