SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF.DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90019 010 ***550.00

1999	WE ST	DIVISION OF CORPORATIONS
DOCUMENT # F	95000003	774
HOME CARE MEDICAL	Supply and Equ	IPMENT, INC.
Principal Place of Business	Mailir	ng Address

				· · ·	<u> </u>	
Principal Place	of Business	Mailing Address				
3172 NORTH ANDREWS AVE. EXT. POMPANO BEACH FL 33084		SUITE 300				
		KING OF PRUSSIA PA 1	9406		DO NOT WRITE IN	THIS SPACE
		U\$			3. Date Incorporated or Qualified	
					08/04/1995	A-G-d F
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			23-2239179	Not Applicable
Suite, Apt. :	#, etc	Suite, Apt. #, etc	· · · · · · · · · · · · · · · · · · .		5. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current years	F= 1
24	25	29	30		Intangible Personal Property.	Yes No
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Regis	stered Agent
MON	NICAL, WANDA		Į.		athy Chudos	
740 ⁻	1 114TH AVE N		ł	I	dress (P.O. Box Number is Not Acceptable)	
LAR	GO FL 33773		}	83	101 //7· //Vehwa North	
				84 City	3130	FL 85 Zip Code 33773
office or r	registered agent, or both, in the S	State of Florida, Such change was	authonzed	by the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered
agent. I a	10.01	obligations of, section 607.0505, F	orida Stati	nes.	7/	/
SIGNATURE .	Kathy Chuchu					<u> </u>
	Signature, typed oil printed name of registered	d agent and title if applicable. (1)	OTE: Register	ed Apent signature r	required when reinstating)	DATE
-	Signature, typed of printed name of registered OFFICERS			ed Agent signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
12.	OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
12. TITLE	PCD		13. 1.1 TIT	LE	ADDITIONS/CHANGES TO OFFICE	[CON CONT.
12. TITLE NAME	PCD FELDMAN, BRUCE J	S AND DIRECTORS	13. 1.1 TIT 1.2 NA	LE ME	ADDITIONS/CHANGES TO OFFICE President	Change Addition
12. TITLE NAME STREET ADDRESS	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STF	LE ME REET ADDRESS	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FELDMAN, BRUCE J	S AND DIRECTORS Discrete Solution (Control of the Control of the	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT	LE ME REET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFFICE President	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT	LE ME EET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS Discrete Solution (Control of the Control of the	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI	LE ME KEET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition
112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS Discrete Solution (Control of the Control of the	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF	LE ME XEET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS DELETE D SUITE 300 DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT	LE ME XEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS Discrete Solution (Control of the Control of the	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT	LE ME KEET ADDRESS Y-ST-ZIP LE ME KEET ADDRESS Y-ST-ZIP LE	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS DELETE D SUITE 300 DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI	LE ME KEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS DELETE D SUITE 300 DELETE	13. 1.1 TIT 12 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF	LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS S DELETE DELETE DELETE	13. 1.1 TIT 12 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT	LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition Change Addition Change Addition Change Addition
112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS DELETE D SUITE 300 DELETE	13. 1.1 TIT 12 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.1 TIT	LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition
112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS S DELETE DELETE DELETE	13. 1.1 TIT 12 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CAT 3.1 TIT 3.2 NA 3.3 STF 3.4 CIT 4.1 TIT 4.2 NA	LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS S DELETE DELETE DELETE	13. 1.1 TIT 12 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STF	LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	DELETE DELETE DELETE	13. 1.1 TIT 12 NAI 1.3 STF 1.4 CIT 22 NAI 2.3 STF 2.4 CIT 3.1 TIT 32 NA 3.3 STF 3.4 CIT 4.1 TIT 4.2 NA 4.3 STF 4.4 CIT	LE ME REET ADDRESS Y-ST-ZIP LE	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	S AND DIRECTORS S DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TIT 3.2 NA 3.3 STF 3.4 CIT 4.1 TIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT	LE ME ME ME ME LE ME ME LEET ADDRESS Y-ST-ZIP LE ME ME LEET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TIT 3.2 NA 3.3 STF 3.4 CIT 4.1 TIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA	LE ME ME ME ME LE ME ME LEET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TIT 3.2 NA 3.3 STF 4.4 CIT 4.1 TIT 5.1 TIT 5.2 NA 5.3 STF	LE ME ME ME ME ME LE ME ME LEET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Bouldard	Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TIT 3.2 NA 3.3 STF 3.4 CIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA 5.3 STF 5.4 CIT	LE ME ME ME ME ME LE ME ME LEET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Boulevard	Change Addition Change Addition Change Addition Change Addition Change Addition Addition
112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	DELETE DELETE DELETE	13. 1.1 TIT 12 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TIT 3.2 NA 3.3 STF 4.4 CIT 4.2 TIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA 5.3 STF 5.4 CIT 6.1 TIT 6.1 TIT	LE ME ME ME ME ME ME ME LEET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Boulevard	Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	DELETE DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TIT 3.2 NA 3.3 STF 3.4 CIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA 5.3 STF 5.4 CIT	LE ME ME ME ME ME ME ME LEET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Boulevard	Change Addition Change Addition Change Addition Change Addition Change Addition Addition
112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	OFFICERS PCD FELDMAN, BRUCE J 2200 RENAISSANCE BLVD	DELETE DELETE DELETE DELETE	13. 1.1 TIT 12 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.2 NAI 3.3 STF 4.4 CIT 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STF 5.4 CIT 6.2 NAI 6.3 NAI 6.2 NAI 6.3 NAI 6.2 NAI 6.3 NAI 6.2 NAI 6.3 NAI 6.2 NAI 6.3 NAI 6.2 NAI 6.2 NAI 6.2 NAI 6.3 NAI 6.3 NAI 6.2 NAI 6.3	LE ME ME ME ME ME ME ME LEET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO OFFICE President David S. Geller 2200 Romissano, Boulevard	Change Addition Change Addition Change Addition Change Addition Change Addition Addition

14. 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 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 that an address.

SIGNATURE:

(610)272-1717