

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90153 044 ***150.00

DOCUMENT # F95000003774

1. Entity Name

HOME CARE MEDICAL SUPPLY AND EQUIPMENT, INC.

Principal Place of Business

**3172 NORTH ANDREWS AVE. EXT.
POMPANO BEACH FL 33064**

Mailing Address

**2200 RENAISSANCE BLVD
SUITE 300
KING OF PRUSSIA PA 19406
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

620 Freedom Business Center

Suite 105

King of Prussia PA

19406



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-2239179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOWARDS, BRENT
7401 114TH AVE N
STE 501
LARGO FL 33773**

7. Name and Address of New Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Plantation Island Road

City

Plantation

FL

Zip Code
33324

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

Margaret E. Routzahn
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent must be a resident of Florida.)

MARGARET E. ROUTZAHN

Special Assistant Secretary

DATE

4/24/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **P** ☐ Delete
NAME **GELLER, DAVID S**
STREET ADDRESS **2200 RENAISSANCE BLVD SUITE 300**
CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **620 Freedom Business Center Ste 105**
CITY-ST-ZIP **King of Prussia PA 19406**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

David S. Geller
Signature and typed or printed name of signing officer or director

4/30/01
Date

610 205-2440
Daytime Phone #

CR2E034 (10/00)