

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90157 021 \*\*\*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  
**620 FREEDOM BUSINESS CENTER  
 SUITE 105  
 KING OF PRUSSIA PA 19406  
 US**

2. Principal Place of Business  
**3541 North Pine Island Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Sunrise FL**

City & State

4. FEI Number **23-2239179**

Applied For  
 Not Applicable

Zip  
**33351**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PLANTATION ISLAND ROAD  
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P. GELLER, DAVID S  
 620 FREEDOM BUSINESS CENTER STE 105  
 KING OF PRUSSIA PA 19406** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P.D.** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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

**DAVID S. GELLER**

Date

Daytime Phone #

**610-205-2440**

CR2E034 (9/01)