

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005754

1. Entity Name

INVACARE FLORIDA CORPORATION

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90023 023 ***150.00

Principal Place of Business 2101 EAST LAKE MARY BLVD SANFORD FL 32773	Mailing Address 2101 EAST LAKE MARY BLVD SANFORD FL 32773-7141
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3446752	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

ALLARD, CHRISTOPHER
2101 EAST LAKE MARY BLVD
SANFORD FL 32773

7. Name and Address of New Registered Agent

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 _____ (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)

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLOUCH, GERALD B	
STREET ADDRESS	ONE INVACARE WAY	
CITY-ST-ZIP	ELYRIA OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLARD, CHRISTOPHER	
STREET ADDRESS	2101 EAST LAKE MARY BLVD	
CITY-ST-ZIP	SANFORD FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MIKLICH, THOMAS R	
STREET ADDRESS	ONE INVACARE WAY	
CITY-ST-ZIP	ELYRIA OH	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MIXON III, A M	
STREET ADDRESS	ONE INVACARE WAY	
CITY-ST-ZIP	ELYRIA OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: SIGNATURE FIGURED **4-28-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)