## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

HODGES CONVALESCENT AIDS, INC.

## **FILED** Jan 21 1998 8:00am Secretary of State



# OSCOCIA HOMECARE SUPPLY 40 S 7TH ST. 40 S	Principal Place	of Business	5		Mailing	Mailing Address													
DO NOT WINTE IN THIS SPACE   3. Date Incorporated or Craudified   12/01/1982   3. Date Incorporated or Craudified   15. Supplementary	% OSCEOLA F	HOMECARE S	SUPPLY			% OSCEOLA HOMECARE SUPPLY													
3. Date incrooreder of Qualified 12/01/1982 2. Principal Place of Business													חס אסדי	MOITE IN	TUIC C				
2. Principal Piace of Business   2a. Mailing Address   4. FEB Number   59°-2239239   Not Applicable   50°-2239239   Not Applicable   50°-5239239   Not Appl	FT. PIERCE FL	. 34950			FI. P	FT. PIERCE FL 34950					<u> </u>								
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Salte Apt 9, etc.   Suite, Apt 9, etc.   Sc. Certificate Status Desired   Se. 75 Additional Foo Required   Se. 75 Additional Foo Reput Process	2. Principal Pia	ace of Busin	ess		2a. Ma	iling Address					4.	1. FEI Number		•			App	lied Fo	ī
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S		I	Country			)		Country	,		8	3. This corporation	on owes or h	nas paid t	he curre	ent ye	ar Inta	ngible	
S, Name and Address of Current Registered Agent CAPAK, GERALD T. 1635-14711 AVENUE VERO BEACH FL  11. Pursuant to the provisions of Sections 607/0502 and 507/1508. Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes and the statement for the purpose of changing its registered agent, and accept the obligations of, Section 607/0505, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent a	<del>_</del>	Ţ	25		29														
CAPAK, CERALD T. 1635-14TH AVENUE VERO BEACH FL  82 Street Address (P.O. Box Number is Not Acceptable)  83 Sections of Sections 607,0502 and 607,1503, Florida Statutes, the above-named corporation submits this statement for the purpose of phanging fits registered signer. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  84 Zip Code  84 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code				of Current R		d Agent					10	o. Name and Ad	dress of Ne	w Regis	tered A	gent			
1635-14TH AVENUE VERO BEACH F.L  171. Pursuant to time provisions of Sections 807 0502 and 807 1505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officency in the state of Florida. Such change wate authorized by the corporation's board of directors. I hereby accept the appointment as registered again. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12	CAF					-		81	Ī	Name									
VERO BEACH FL    Ball   City   FL   8s   Zip Code																·			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type or primed nerve or registered apert and title registeries.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12  14. STREET ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12  TO ADDITIONS/CHANGES TO OFFICERS AND DIRECT								82		Street Address (P.O. Box Number is Not Acceptable)									
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Signature, types or printed many of registered speak and tills it giplicables. (PCFE Registered Agent signature recorded when informating)   DATE	agent, I an	n familiar wil	th, and accept	the obligatio	ns of, Se	ection 607.0505, F	·lorida	Statute	S.										1
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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 emproperation to become this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attachment with an actives.	A							EARITY.	ст_:	710									ŀ
indicated on this annual report or supplemental annual report is true and state 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 octrustee employee to become this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	14 1 horoby o	ertify that the	e information s	upplied with	this filing	detes not qualify	for the	exem	otio	on stated in	Secti	tion 119.07(3)(i).	Florida Stati	utes. I fur	ther cer	tify the	it the	nformat	tion
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