FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:33

DOCUMENT # G70202 (8)

1. Corporation Name
MEDICARE HOME HOSPITAL EQUIPMENT OF OKEECHOBEE, INC.

Principal Place of Business
% ALAN H. SCHEINER—NO
3910 S. PARROTT AVENUE—NO
OKEECHOBEE FL 33472

Mailing Address
4255 HWY. 441 SOUTH
3910 S. PARROTT AVENUE—NO
OKEECHOBEE FL 34974
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1983
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business (21): 4255 Hwy 441 South
2a. Mailing Address (26): 4255 Hwy 441 South
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23): OKEECHOBEE FL
City & State (28): OKEECHOBEE FL
Zip (24): 34974
Country (25): U.S.
Zip (29): 34974
Country (30): U.S.

4. FEI Number: 59-2336867 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BACON, DANIEL G. S
160 PLAZA AVE.
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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: (Typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	BACON, DANIEL G. S	12 NAME	
STREET ADDRESS	2120 W. MARLIN RD.	13 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BACON, PETTY←NO	22 NAME	PEGGY BACON
STREET ADDRESS	2120 W. MARLIN RD.	23 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	BACON, PEGGY	32 NAME	
STREET ADDRESS	2120 W MARLIN ST	33 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We) hereby certify that the information supplied with this filing is absolutely true and correct and 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 12 or 13 above, or on an attachment with an asterisk.

SIGNATURE: Daniel G Bacon 3-9-95 813 465 1302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DANIEL G. BACON SR.

0581346 CP