


2004 FOR PROFIT CORPORATION

FILED
Apr 07, 2004 08:00 AM
Secretary of State

K17442	
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1.
ALIMED HOME HEALTH, INC.



04052004

DO NOT WRITE IN THIS SPACE

4. 65-0416265 Not Applicable

5. ☐ \$8.75

6. Name and Address of Current Registered Agent

CAVALIERE, SUSAN
 2817 NE 37TH STREET
 FT LAUDERDALE, FL 33308

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 IN THIS SPACE**

8. In the State of Florida I am familiar with and accept

9. ☐ \$5.00

U000000105937
 04/07/04-80045-007 750.00

10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CAVALIERE, SUSAN 2817 NE 37TH STREET FT LAUDERDALE, FL
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

4/4/2004