

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K37960

(7)

**APPROVED
AND
FILED**
95 APR 27 AM 7:47
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. Corporation Name

HOME HEALTH CARE DEALER, INC.

Principal Place of Business

**305 PINEDA COURT, STE 104
MELBOURNE FL 32940**

Mailing Address

**305 PINEDA COURT, STE 104
MELBOURNE FL 32940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/11/1988

3a. Date of Last Report
04/20/1994

4. FEI Number
59-2905952

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

2. Principal Place of Business

21 **3270 SUNTREE BLVD**

2a. Mailing Address

26 **3270 SUNTREE BLVD**

Suite, Apt. #, etc.

22 **205A**

Suite, Apt. #, etc.

27 **SUITE 205A**

City & State

23 **MELBOURNE FL**

City & State

28 **MELBOURNE FL**

Zip

24 **32940**

Country

25 **USA**

Zip

29 **32940**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**PRIAL, THELMA
334 LOFTS DR
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3270 SUNTREE BLVD

83 **SUITE 205A**

84 City

MELBOURNE

FL

85 Zip Code

32940

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
PRIAL, SHELDON
334 LOFTS DR.
MELBOURNE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VPST
PRIAL, THELMA
334 LOFTS DRIVE
MELBOURNE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this corporation or the resolver or trustee empowered to execute 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.

SIGNATURE:

Thelma Prial
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95
(Date)

407-255-3185
(Telephone Number)