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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
~~1996~~ 1997

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

DOCUMENT # K83118 (5)

1. Corporation Name
INHOME MEDICAL, INC.

Principal Place of Business	Mailing Address
% GERARD BUCHAN 508 CENTRAL AVENUE CRESCENT CITY,F L 32112	% GERARD BUCHAN 508 CENTRAL AVENUE CRESCENT CITY,F L 32112

3. Date Incorporated or Qualified: 04/25/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1125 N. Summit ST
Suite, Apt. #, etc. 22
City & State 23 CRESCENT CITY FL
Zip 24 32112 Country 25

2a. Mailing Address
26 1125 N Summit ST
Suite, Apt. #, etc. 27
City & State 28 CRESCENT CITY FL
Zip 29 32112 Country 30

4. FEI Number: 59-2989046 ☐ 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

~~BUCHAN, GERARD~~
~~508 CENTRAL AVE~~
~~CRESCENT CITY F L 32012~~

10. Name and Address of New Registered Agent

81 Name: Joe H. Pickens
82 Street Address (P.O. Box Number is Not Acceptable): 222 N. 3rd ST.
83
84 City: Palatka FL 85 Zip Code: 32177-3710

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FLETCHER, WARREN D. CEDER COVE, RT. 309 GEORGETOWN FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BUCHAN, GERARD 508 CENTRAL AVENUE CRESCENT CITY FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRAZER, NORMA 174 MOONLIGHT DRIVE ~~WELAKA FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition SATSUMA FL 32189
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002167433 -05/06/97--01044--065 ***173.75

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 119.07(3)(k), 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 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: SIGNATURE REQUIRED Norma J. Frazer 4-24-97 904-698-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (11/95)