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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1/04

1. Corporation	HOME MEDICAL SERVICES	S, INC.							
Principal Place	of Business	Mailing Address				- 1 (BB)(Bt)) B:A 1811; B)Ba; ; iA)(AB)(# (18) a.e.u	#181) 013 11 811		
8381 NW 68 ST 8381 NW 68 ST. MIAMI FL 33166						DO NOT WRITE IN THIS SPACE			
MIAMI FL 33166	5	US				3. Date Incorporated or Qualifed	SPACE		7
US						06/09/1989			
2 Dringing DI	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	1
21 Philospairs	act of Eddiness	26				65-0124695	I 	Not Applicable	3
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				<u></u>		5 Additional	
22		27		تشنسيت	ئتونىت.	5-Certificate of Status Desired	Fee	Required	
City & State	9	City & State				6. Election Campaign Financing	•	0 May Be	-
23		28				Trust Fund Contribution	Adde	d to Fees	4
Zip 24	Country 25	Zip [3	Cour	ntry		This corporation owes the current year fr Personal Property Tax.	☐ Yes	□No	_
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent		
4.0.44	157 ADTUDO D			81 N	ame				
8381	iez, arturo B. NW 68TH street				treet Addre	dress (P.O. Box Number is Not Acceptable)			
MIAN	VII FL 33166			83					1
			•	84 C	•	FI	_ "	ip Code	
II. Fulsualiti	to the provisions of Sections 607.0502	- Ulia 0010001. 10.100 Gratate	.,			I be a second the constitution of the constitu	intmont se	registered	
agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	or Florida, Such change was au ions of, Section 607.0505, Flori	da Statu	ites.	corporation	when reinstating) DATE			_
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agent. I a	m familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	of Florida, Such change was autions of, Section 607.0505, Flori t and title if applicable. (NOTE: 1	da Statu Registered 13.	Agent sign	corporation	when reinstating) DATE		TORS IN 12	- (3)
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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 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, with all other like empowered.

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90067 004 ***150.00