

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

06-12-2001 90002 009 ***150.00
 07-10-2001 90004 048 ***400.00

DOCUMENT # L77780			
1. Entity Name LONGS' HOME MEDICAL SERVICES & EQUIPMENT, INC.			
Principal Place of Business 3801 HIGHWAY 19-A SUITE 412 408 MOUNT DORA FL 32757		Mailing Address 3801 HIGHWAY 19-A SUITE 412 408 MOUNT DORA FL 32757	
2. Principal Place of Business 3801 State Rd - 19-A		3. Mailing Address 3801 St. Road 19-A	
Suite, Apt. #, etc. 408		Suite, Apt. #, etc. 408	
City & State Mt Dora, FL		City & State Mt Dora, FL 32757	
Zip 32757	Country FL	Zip 32757	Country FL
6. Name and Address of Current Registered Agent LONG, DOTTIE C 3801 ST RD 19-A SUITE 412 MOUNT DORA FL 32757		4. FEI Number 59-3013630	
		Applied F <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Dottie C Cullen Pres CEO DATE 6/27/01 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee	
11. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	LONG, DOTTIE C		
STREET ADDRESS	3801 HIGHWAY 19-A, STE 412		
CITY-ST-ZIP	MOUNT DORA FL 32757		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. 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 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 11 or Block changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Dottie C Cullen		6/27/01 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		352-7351 Daytime Phone #	



DO NOT WRITE IN THIS SPACE

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

Doc# 2000045552
 Book: 1827
 Page: 1221
 Filed & Recorded
 06/02/00 09:40:41 AM
 JAMES C. WATKINS
 CLERK OF CIRCUIT COURT
 LAKE COUNTY

00-0529
 (APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ANDREW WILLIAM CULLEN			2. DATE OF BIRTH (Month, Day, Year) 10/22/55		
3a. RESIDENCE - CITY, TOWN, OR LOCATION TAVARES	3b. COUNTY LAKE	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) NY		
5a. BRIDE'S NAME (First, Middle, Last) DOROTHY CARBAUGH LONG			5b. MAIDEN SURNAME (if different) CARBAUGH		
7a. RESIDENCE - CITY, TOWN, OR LOCATION TAVARES			7b. COUNTY LAKE	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) FL

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Andrew W. Cullen</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 5/19/00
11. TITLE OF OFFICIAL JAMES C. WATKINS, CLERK OF COURT	12. SIGNATURE OF OFFICIAL (Use black ink) BY: D.C. <i>James Watkins</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Dorothy Carbaugh Long</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 5/19/00
15. TITLE OF OFFICIAL JAMES C. WATKINS, CLERK OF COURT	16. SIGNATURE OF OFFICIAL (Use black ink) BY: D.C. <i>James Watkins</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

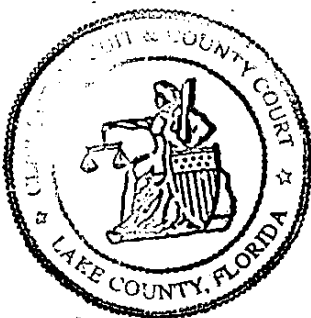
17. COUNTY ISSUING LICENSE LAKE	18. DATE LICENSE ISSUED 5/19/00	19a. DATE LICENSE EFFECTIVE 5/22/00	19. EXPIRATION DATE 7/21/00
20a. SIGNATURE OF COURT CLERK OR JUDGE BY: JAMES C. WATKINS		20b. TITLE CLERK OF CIRCUIT COURT	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) May 27, 2000	22. CITY, TOWN, OR LOCATION OF MARRIAGE Tavares Florida
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>David S. Lindsay</i>	23c. ADDRESS (Of person performing ceremony) 601 N. Barrow Ave., Tavares, FL 32778
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) David S. Lindsay Clergy	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Alan Halgman</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Patricia Williams</i>

SEAL



STATE OF FLORIDA COUNTY OF LAKE
 I HEREBY CERTIFY, that the above and foregoing
 is a true copy of the original filed in this office.
JAMES C. WATKINS, Clerk Circuit Court
 By *Barbara Friedel* Deputy Clerk

Dated **7/17/00**