## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

## Katherine Harris

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90255 048 \*\*\*150.00

DOCUMENT # M06869 1. Corporation Name HOME CARE MEDICAL SERVICES, INC. Mailing Address Principal Place of Business 5062 HIATUS RD 5062 HIATUS RD SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/24/1984 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-2458102 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing Ĥ Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CATALDI, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 82 10671 NW 47TH COURT **CORAL SPRINGS FL 33076** 83 City Zip Code 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition ☐ DELETE 1.1 TM F TITLE CATALDI, ANTHONY 1.2 NAME NAME 10671 NW 47TH CT 1.3 STREET ADORESS STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP [ ] Addition DELETE Change 2.1 TITLE TITLE CATALDI, ANTHONY, JR. 22 NAME NAME

13121 NW 11TH DRIVE 2.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 2.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE. ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 one or attachment with an address, with all other like empowered. Block 12 or Block 13 if changed, or on

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 954-741-2338

R2E034 (11/98)