

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # M68479 (8)**

1. Corporation Name  
**HOUSEMED, INC.**



Principal Place of Business

**2901 PARKWAY BLVD.  
STE. A-3  
KISSIMMEE FL 34747  
US**

Mailing Address

**2901 PARKWAY BLVD.  
STE. A-3  
KISSIMMEE FL 34747  
US**

2. Principal Place of Business

2a. Mailing Address

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State        | 27 | City & State        |
| 23 | Zip                 | 28 | Zip                 |
| 24 | Country             | 29 | Country             |
| 25 |                     | 30 |                     |

9. Name and Address of Current Registered Agent

**WHITE, SANDRA L.  
2901 PARKWAY BLVD.  
STE. A-3  
KISSIMMEE FL 34747**

3. Date Incorporated or Qualified  
**02/09/1988**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2867239**

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

10. Name and Address of New Registered Agent

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Name                                               |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |                                                    |
| 84 | City                                               |
| FL | 85 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 of the person who is the registered agent or the person who is the president or secretary of the corporation.

Signature of the person who is the president or secretary of the corporation.

(45)

12. OFFICERS AND DIRECTORS

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>WHITE, SANDRA L.</b>             |                                 |
| STREET ADDRESS | <b>2901 PARKWAY BLVD., STE. A-3</b> |                                 |
| CITY-STATE-ZIP | <b>KISSIMMEE FL</b>                 |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-STATE-ZIP |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-STATE-ZIP |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-STATE-ZIP |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-STATE-ZIP |                                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME            |                                                                              |
| 3. STREET ADDRESS  |                                                                              |
| 4. CITY-STATE-ZIP  | <b>34747</b>                                                                 |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. NAME            |                                                                              |
| 7. STREET ADDRESS  |                                                                              |
| 8. CITY-STATE-ZIP  |                                                                              |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           |                                                                              |
| 11. STREET ADDRESS |                                                                              |
| 12. CITY-STATE-ZIP |                                                                              |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |                                                                              |
| 15. STREET ADDRESS |                                                                              |
| 16. CITY-STATE-ZIP |                                                                              |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |                                                                              |
| 19. STREET ADDRESS |                                                                              |
| 20. CITY-STATE-ZIP |                                                                              |

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)(a), 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: *Sandra L. White, President* *Sandra L. White* 2/28/96 (407) 396-1195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)