


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000000533	
1. Entity Name NETGROUP HOME MEDICAL SUPPLIES, INC.	

Principal Place of Business 521 OLD DIXIE HWY TEQUESTA, FL 33469	Mailing Address 521 OLD DIXIE HWY TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROTHENBERG, JUDITH A 521 OLD DIXIE HWY TEQUESTA, FL 33469	DO NOT WRITE IN THIS SPACE
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B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		<p>U00000162356 07/01/04-80001-004 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROTHENBERG, BRUCE M 521 OLD DIXIE HWY TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ROTHENBERG, JUDITH A 521 OLD DIXIE HWY TEQUESTA, FL 33469	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Bruce M. Rothenberg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	6/27/04 561-743-9974 <small>Date Daytime Phone If</small>
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