

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90041 048 \*\*\*158.75

**DOCUMENT # P01000038418**

1. Entity Name  
**MED-CARE HOME MEDICAL INC.**

Principal Place of Business  
**PO BOX 917563**  
**LONGWOOD FL 32791**

Mailing Address  
**PO BOX 917563**  
**LONGWOOD FL 32791**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**310 W. CENTRAL PKWY**

3. Mailing Address  
**P.O. Box 917563**

Suite, Apt. #, etc.  
**SUITE 7500**

Suite, Apt. #, etc.

City & State  
**ALTAMONTE SPRINGS, FL**

City & State  
**LONGWOOD, FL.**

4. FEI Number  
**59-3711358**

Applied For  
 Not Applicable

Zip  
**32714**

Country  
**SEMINOLE**

Zip  
**32791**

Country  
**SEMINOLE**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BRUNO, LOUISE**  
**3129 FOXWOOD DR**  
**APOPKA FL 32703**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANDI, VALERIE</b>		NAME		
STREET ADDRESS	<b>61 HOLLOW BRANCH RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>APOPKA FL 32703</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Valerie Landi, President** **4-29-02** **407-772-0107**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**VALERIE LANDI PRESIDENT**

CR2E034 (9/01)