

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90335 025 ***150.00

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1. Entity Name

ALLMED DISCOUNT SUPPLY, INC. D.B.A. *Americare Home Medical*



Principal Place of Business

6800 E. ROGERS CIRCLE
BOCA RATON, FL 33487 US

Mailing Address

6800 E. ROGERS CIRCLE
BOCA RATON, FL 33487 US

400455



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0664194

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HABLITZEL, JERALD L.
6800 E. ROGERS CIRCLE
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HABLITZEL, JERALD
STREET ADDRESS	12609 OAK RUN COURT
CITY - ST - ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	HABLITZEL, ELIZABETH
STREET ADDRESS	12609 OAK RUN COURT
CITY - ST - ZIP	BOYNTON BEACH, FL 33436
TITLE	<i>S</i> Eric L. Herr
NAME	<i>1081 Sanctuary Cove</i>
STREET ADDRESS	<i>N. Palm Beach, FL 33410</i>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerald L. Hablitzel

Date

April 7, 2006

Daytime Phone #

561-995-7143