

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90111 021 ***158.75

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1. Entity Name
OCALA HOME RESPIRATORY, INC.



Principal Place of Business
**825 SE 3RD AVENUE
OCALA FL 34471**

Mailing Address
**825 SE 3RD AVENUE
OCALA FL 34471**



2. Principal Place of Business
3980 SE 45TH COURT
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
OCALA FLORIDA

City & State

4. FEI Number
22-3884099

Applied For
Not Applicable

Zip
34480

Country

Zip

Country

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

**KEMP, WINDY A
825 SE 3RD AVENUE
OCALA FL 34471**

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FRY, THOMAS J**
CITY-ST-ZIP **825 SE 3RD AVENUE
OCALA FL 34471**

TITLE ☐ Change ☒ Addition
NAME **D/P**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **THURSTON, GARY A**
CITY-ST-ZIP **825 SE 3RD AVENUE
OCALA FL 34471**

TITLE ☐ Change ☒ Addition
NAME **D/VP**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KEMP, WINDY A**
CITY-ST-ZIP **825 SE 3RD AVENUE
OCALA FL 34471**

TITLE ☐ Change ☒ Addition
NAME **D/S/T**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 a duly elected officer 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 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

Windy A. Kemp
CFO/Treasurer
(352) 629-7979

2/3/2003
Date Daytime Phone #

CR2E034 (10/02)