FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2011

HOMETOWN MEDICAL EQUIPMENT & SUPPLIES, INC.
8366 N.W. 66 ST.
MIAMI, FL 33166

SUBJECT: HOMETOWN MEDICAL EQUIPMENT & SUPPLIES, INC.
Ref. Number: P04000141572

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Debit Memo #: 05724-M

Due to your failure to respond to our previous letter advising you of the attached returned check #002577, the 2011 annual report for HOMETOWN MEDICAL EQUIPMENT & SUPPLIES, INC. has been cancelled and is considered not filed as of August 12, 2011.

Please note: Due to this cancellation, you will be required to re-file the annual report online at www.sunbiz.org.

Section 607.1421, Florida Statutes, requires notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your notice if the annual report is not filed and payment is not received, your corporation will be administratively dissolved or revoked on the fourth Friday in September and a reinstatement fee of an additional $600 will be imposed to reactivate the corporation.

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely
Michelle Milligan
Administrative Assistant II
Division of Corporations

Letter Number: 211A00018950

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2011

HOMETOWN MEDICAL EQUIPMENT & SUPPLIES, INC.
8366 N.W. 66 ST.
MIAMI, FL 33166

SUBJECT: HOMETOWN MEDICAL EQUIPMENT & SUPPLIES, INC.
Ref. Number: P04000141572

Debit Memo #: 05724-M

This is to inform you that your check #002577 dated April 28, 2011 in the amount of $150.00 submitted with the annual report for HOMETOWN MEDICAL EQUIPMENT & SUPPLIES, INC. has been returned to us by your bank because of NON-SUFFICIENT FUNDS.

As this payment cannot be replaced from our website and we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the amount of $165.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: This annual report will be cancelled and considered not filed unless a replacement check is received within 30 days from the date of this letter. If the annual report is cancelled for non-payment, you will be required to re-file the annual report online at www.sunbiz.org. A late fee of $400 will be imposed if filing the annual report after May 1st. Send the replacement check to:

Division of Corporations
Attn: Michelle Milligan
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely,
Michelle Milligan
Administrative Assistant II
Division of Corporations

Letter number: 811A00013712