...W: FILING FEE AFTER MAY 1 IS $225.00

...PORATION
...NUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P21809 **(9)**

1. Corporation Name
COASTAL MARINE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
2300 SE OCEAN BLVD STE A4-118 STUART FL 34996 US	2300 SE OCEAN BLVD STE A4-118 STUART FL 34996 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/17/1988**
3a. Date of Last Report: **04/13/1994**
4. FEI Number: **04-2638633** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business (21, 22, 23, 24, 25)
2a. Mailing Address (26, 27, 28, 29, 30)

9. Name and Address of Current Registered Agent

KOPELOWITZ, HARVEY
750 SOUTHEAST 3RD AVENUE, STE 100
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _______ DATE _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	☒ Change ☐ Addition
NAME	ROBINSON, M. GREGG	NAME	
STREET ADDR	2300 S.E. OCEAN BLVD., A4-118	STREET ADDRESS	3893 S.W. WHISPERING SOUND DR.
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	PALM CITY FL 34990
TITLE	VD	TITLE	☒ Change ☐ Addition
NAME	DOMINIC, A. ELIZABETH	NAME	
STREET ADDR	2300 S.E. OCEAN BLVD., A4-118	STREET ADDRESS	3893 S.W. WHISPERING SOUND DR.
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	PALM CITY FL 34990
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	MURDOCK, FREDERICK W.,JR	NAME	
STREET ADDR	527 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	SALEM NH	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDR		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDR		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDR		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. GREGG ROBINSON [signature] PRES 04-25-95 407-285-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0381919 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P22498** (0)

1. Corporation Name

GREAT LAKES HOME MEDICAL, INC.

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 666 MENOMINEE MI 49858-0666 US	PO BOX 666 MENOMINEE MI 49858-0666 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 12/30/1988 3a. Date of Last Report: 05/01/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 38-2743802 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 / County 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAFNER, TROY B 660 BEACHLAND BLVD VERO BCH FL 32963	81 Name [redacted] 82 Street Address (P.O. Box Number is Not Acceptable) [redacted] 83 84 City [redacted] FL 85 Zip Code [redacted]

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P ☒ Change ☐ Addition
NAME	BICKEL, ALFRED	1.2 NAME	BELLEAU, MICHAEL E
STREET ADDRESS	N 481 E. FAIRLAND CIR.	1.3 STREET ADDRESS	1011 8th Ave South
CITY-ST-ZIP	MENOMINEE MI	1.4 CITY-ST-ZIP	Escanaba, MI 49829
TITLE	VD	2.1 TITLE	V ☒ Change ☐ Addition
NAME	MAINHARDT, THOMAS	2.2 NAME	MAINHARDT, THOMAS J
STREET ADDRESS	1825 TARPON LANE H302	2.3 STREET ADDRESS	628 Tulip Lane
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	SD	3.1 TITLE	S ☒ Change ☐ Addition
NAME	BELLEAU, EILEEN	3.2 NAME	BELLEAU, EILEEN M
STREET ADDRESS	1011 8TH AVENUE SOUTH	3.3 STREET ADDRESS	1011 8th Ave So
CITY-ST-ZIP	ESCANABA MI	3.4 CITY-ST-ZIP	Escanaba, MI 49829
TITLE	TD	4.1 TITLE	T ☒ Change ☐ Addition
NAME	BICKEL, JAMES	4.2 NAME	BICKEL, JAMES R
STREET ADDRESS	2404 21ST STR	4.3 STREET ADDRESS	2404 21st Street
CITY-ST-ZIP	MENOMINEE MI	4.4 CITY-ST-ZIP	Menominee, MI 49858
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Bickel 5/1/95 906/863-1148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0489179 FN