

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 APR 17 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011684  
1. Corporation Name  
COAST HOME MEDICAL, INC.

Principal Place of Business Mailing Address  
13891 JETPORT LOOP RD #4 SAME  
FORT MYERS, FL 33913

REINSTATEMENT

96-97

2. Principal Place of Business 21 13891 JETPORT LOOP RD Suite, Apt. #, etc. 4 22 City & State 23 FORT MYERS, FL 24 Zip 33913 Country USA		2a. Mailing Address 26 13891 JETPORT LOOP RD Suite, Apt. #, etc. 4 27 City & State 28 FORT MYERS, FL 29 Zip 33913 Country USA		3. Date Incorporated or Qualified 12-15-92		3a. Date of Last Report 1995		4. FEI Number 65-0375084		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent R. V. WILLIAMS 3131 BERUDA DUNES DR LECANTO, FL 34461				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			
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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: R. V. WILLIAMS R. V. William 4-15-97  
(The above typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CHAIRMAN	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	R. V. WILLIAMS			1.2 NAME			
STREET ADDRESS	3131 BERUDA DUNES DR			1.3 STREET ADDRESS			
CITY-STATE-ZIP	LECANTO, FL 34461			1.4 CITY-STATE-ZIP			
TITLE	TREASURER	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAIL WILLIAMS			2.2 NAME			
STREET ADDRESS	3131 BERUDA DUNES DR			2.3 STREET ADDRESS			
CITY-STATE-ZIP	LECANTO, FL 34461			2.4 CITY-STATE-ZIP			
TITLE	SECRETARY	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBIN WILLIAMS			3.2 NAME			
STREET ADDRESS	298 SEVERIN RD			3.3 STREET ADDRESS			
CITY-STATE-ZIP	PORT CHARLOTTE, FL 33952			3.4 CITY-STATE-ZIP			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERT V. WILLIAMS			4.2 NAME			
STREET ADDRESS	15501 OMAI CT			4.3 STREET ADDRESS			
CITY-STATE-ZIP	FORT MYERS, FL 33908			4.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

14. I do 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 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: R. V. William R. V. WILLIAMS 4-15-97 352-746-4101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)