

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036686

FILED
Mar 19, 2011
Secretary of State

Entity Name: MEDICAL HOMECARE SUPPLY, INC.

Current Principal Place of Business:

4664 LAKE WORTH ROAD
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

4664 LAKE WORTH ROAD
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0407855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECKER, MAURICE
8415 WEST LAKE DRIVE
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LECKER, EILEEN
Address: 8415 WEST LAKE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VP
Name: LECKER, MAURICE
Address: 8415 WEST LAKE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAURICE LECKER

VP

03/19/2011

Electronic Signature of Signing Officer or Director

Date