

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90124 015 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000050101

1. Entity Name
HOME PATIENT SUPPLY, INC.



Principal Place of Business
**509 S CHICKASAW TRAIL
ORLANDO, FL 32825**

Mailing Address
**509 S CHICKASAW TRAIL
ORLANDO, FL 32825**

10029736



2. Principal Place of Business
One Purlieu Place

3. Mailing Address
PO Box 678729

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 122

City & State
Winter Park FL

City & State
Orlando FL 32867

4. FEI Number
59-3164135

Applied For
Not Applicable

Zip
32792

Country
Orange

Zip
32867

Country
Orange

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, LARRY C
2941 W ST RD 434
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
WOOLEY, STEVEN A
2180 BLACK HAMMOCK RD
OVIEDO, FL 32766**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MCCALL, MICHAEL D
2722 MILLICAN DR
ORLANDO, FL 32817**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael D. McCall *Michael D. McCall* *2/25/03* *407-657-0629*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)