

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

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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000052777 (8)

1. Corporation Name
AT HOME MEDICAL, INC.



Principal Place of Business
7760 W 20TH AVE #11 HIALEAH FL 33016 US

Mailing Address
7760 W. 20TH AVE #11 HIALEAH FL 33016-1829 US

3. Date Incorporated or Qualified: 07/22/1993
3a. Date of Last Report: 06/25/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number: 65-0426782
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. 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

DIETRICH-CAMUNAS, STEPHANIE M
6410 NW 199TH LN
MIAMI FL 33015

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 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: _____ DATE: _____
(NOTE: Registered Agent's signature required when re-stating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PD
1.2 NAME: DIETRICH-CAMUNAS, STEPHANIE M
1.3 STREET ADDRESS: 6410 NW 199TH LN
1.4 CITY-ST-ZIP: MIAMI FL 33015
2.1 TITLE: ~~VPD~~
2.2 NAME: ~~CAMUNAS, RON~~
2.3 STREET ADDRESS: ~~7760 W 20 AVE, #11~~
2.4 CITY-ST-ZIP: ~~MIAMI FL 33016~~
3.1 TITLE: [] DELETE
3.2 NAME: [] DELETE
3.3 STREET ADDRESS: [] DELETE
3.4 CITY-ST-ZIP: [] DELETE
4.1 TITLE: [] DELETE
4.2 NAME: [] DELETE
4.3 STREET ADDRESS: [] DELETE
4.4 CITY-ST-ZIP: [] DELETE
5.1 TITLE: [] DELETE
5.2 NAME: [] DELETE
5.3 STREET ADDRESS: [] DELETE
5.4 CITY-ST-ZIP: [] DELETE
6.1 TITLE: [] DELETE
6.2 NAME: [] DELETE
6.3 STREET ADDRESS: [] DELETE
6.4 CITY-ST-ZIP: [] DELETE

1.1 TITLE: [] Change [] Addition
1.2 NAME: [] Change [] Addition
1.3 STREET ADDRESS: [] Change [] Addition
1.4 CITY-ST-ZIP: [] Change [] Addition
2.1 TITLE: [] Change [] Addition
2.2 NAME: [] Change [] Addition
2.3 STREET ADDRESS: [] Change [] Addition
2.4 CITY-ST-ZIP: [] Change [] Addition
3.1 TITLE: [] Change [] Addition
3.2 NAME: [] Change [] Addition
3.3 STREET ADDRESS: [] Change [] Addition
3.4 CITY-ST-ZIP: [] Change [] Addition
4.1 TITLE: [] Change [] Addition
4.2 NAME: [] Change [] Addition
4.3 STREET ADDRESS: [] Change [] Addition
4.4 CITY-ST-ZIP: [] Change [] Addition
5.1 TITLE: [] Change [] Addition
5.2 NAME: [] Change [] Addition
5.3 STREET ADDRESS: [] Change [] Addition
5.4 CITY-ST-ZIP: [] Change [] Addition
6.1 TITLE: [] Change [] Addition
6.2 NAME: [] Change [] Addition
6.3 STREET ADDRESS: [] Change [] Addition
6.4 CITY-ST-ZIP: [] Change [] Addition

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 and that I am authorized 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: X Stephanie M. Dietrich-Camunas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 JAN. 97 305-822-4663

CR2E034 (9/96)