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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

THE REPORT OF THE PROPERTY OF



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064439 (1)

HOME PATIENT CARE, INC.

FILED Apr 29 1998 8:00am Secretary of State



3901 S.W. 47TH AVENUE SUITE 405 FT LAUDERDALE FL 33314		ONE HOOK ROAD SHARON HILL PA 19079-1013 US			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
9 Principal D	ligan of Ducinnan	1 65 1400.00 000.00		09/09/1993	1 1	
2. Principal Place of Business 21		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0436123	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current			10. Name and Address of New Registers	d Agent	
CARPENTER, KARON 3901 6W 47TH AVENUE SUITE 405 FT LAUDERDALE FL 33314 81 Name Raymond A. Mirra, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 2932 North Atlantic Blvd. 83 84 City Ft. Lauderdale FL 85 Zip Code 33308						
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida 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 familiarly with, any facept this obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Raymond A. Mirra, Jr. 4/20/98 Signature, typed or profet disease of trap-level direct direct direct and the disease of trap-level direct di						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	DELETE	1.1 TITLE		Change Addition	
NAME	Mirra, raymond a Jr		1.2 NAME			
STREET ADDRESS	29 32 North Atlantic Blvd.		1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP			
TITLE	VP	X DELETÉ	2.1 TITLE		Change Addition	
NAME	STEPANUK, KEVIN D.		2.2 NAME			
STREET ADDRESS	ONE HOOK ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	SHARON HILL PA 19079		2. 4 CITY - ST - ZIP			
TITLE	5	X DELETE	3.1 TITLE		Change Addition	
NAME	MOHNACS, JOHN P.		3.2 NAME			
STREET ADDRESS	ONE HOOK ROAD		3.3 STREET ADDRESS			
CITY-ST-ZIP	SHARON HILL PA 19079		3.4. CITY - ST - ZIP			
TITLE	AATTAOLIA LEOTOD	☐ DELETE	4.1 TITLE	T	Change Addition	
NAME	BATTAGLIA, VICTOR		4. 2 NAME	Raymond A. Mirra, Jr.		
STREET ADDRESS	ONE HOOK ROAD		4.3 STREFT ADDRESS	One Hook Rd.		
CITY-ST-ZIP	SHARON HILL PA 19079	1000	4.4 CITY - ST - ZIP	Sharon Hill, PA 19079	[1] Obs	
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change I Addition	
TITLE		ביין הנונונ	61 THILE		Change Addition	
NAME PERCET APPRICES			6.2 NAME			
STREET ADDRESS CITY+ST-ZIP			6.3 STREET ADDRESS			
64CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing doos 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 trusking empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with any address.						