

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000049133 (8)

1. Corporation Name
HOME CARE MEDICAL, INC.



Principal Place of Business

2323 9TH STREET NORTH
ST. PETERSBURG FL 33704

Mailing Address

2323 9TH STREET NORTH
ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1995

4. FEI Number

59-3321638

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 4400 140th Ave N

2a. Mailing Address

26 4400 140th Ave N

Suite, Apt. #, etc.

22 160

Suite, Apt. #, etc.

27 160

City & State

23 Clearwater FL

City & State

28 Clearwater FL

Zip

24 33762

Country

25 us

Zip

29 33762

Country

30

9. Name and Address of Current Registered Agent

MAC CLELLAN, ROGER C
4812 W. ESTRELLA ST.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name Roger C MacClellan
82 Street Address P.O. Box Number Is Not Acceptable
11741 Derbyshire Dr.
83
84 City Tampa FL 85 Zip Code 33762

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 *Roger C MacClellan*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BEACH, TIM T
STREET ADDRESS 4812 W. ESTRELLA ST.
CITY-ST-ZIP TAMPA FL 33629

TITLE SD ☐ DELETE

NAME MAC CLELLAN, ROGER C
STREET ADDRESS 4807 BAYSHORE BLVD F3
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Tim T Beach
1.3 STREET ADDRESS 5247 Calle Menorca #4
1.4 CITY-ST-ZIP Sarasota FL 34242

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME Roger C MacClellan
2.3 STREET ADDRESS 11741 Derbyshire Dr.
2.4 CITY-ST-ZIP Tampa FL 33626

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME Paul Hausman
3.3 STREET ADDRESS 1690 74th Ave N.
3.4 CITY-ST-ZIP St Petersburg FL 33702

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: *Roger C MacClellan*

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CR2E034 (5/98)