

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATION

FILED  
Jun 25, 1999 8:00 am  
Secretary of State

06-25-1999 90008 034 \*\*\*158.75

DOCUMENT # P95000049133

1. Corporation Name

Home Care Medical, INC

Principal Place of Business

Mailing Address

4400 140<sup>th</sup> Ave. N.  
Suite 160  
CLEARWATER, FL 33760

2155 IH-10 East  
Beaumont, TX 77701



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-23-95

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 the current year Intangible  
Personal Property Tax.

☒

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☒ DELETE

Tom Borch

TITLE NAME ☒ DELETE

Roger Macdellan

TITLE NAME ☒ DELETE

Paul Hausman

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

1.1 TITLE 1.2 NAME ☒ Change ☐ Addit

CEO Todd Christopher

1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addit

650 Thomas Rd  
Beaumont, TX 77706

2.1 TITLE 2.2 NAME ☒ Change ☐ Addit

P/COO Gene Crisman

2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addit

970 W. 21<sup>st</sup> St  
Beaumont, TX 77706

3.1 TITLE 3.2 NAME ☐ Change ☐ Addit

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addit

4.1 TITLE 4.2 NAME ☐ Change ☐ Addit

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addit

5.1 TITLE 5.2 NAME ☐ Change ☐ Addit

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addit

6.1 TITLE 6.2 NAME ☐ Change ☐ Addit

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addit

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-99 409/833-426

Date

Daytime Phone #