




**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000049133</b>			
1. Entity Name <b>HOME CARE MEDICAL, INC.</b>			
Principal Place of Business <b>4400 140TH AVE N SUITE 160 CLEARWATER, FL 33762 US</b>		Mailing Address <b>2155 IH-10 EAST BEAUMONT, TX 77701 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-3321638</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUT PINE ISLAND RD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000139385 04/29/04-80117-017 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHRISTOPHER, TODD 650 THOMAS RD BEAUMONT, TX 77706		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRISMAN, GENE 970 N. 21ST STREET BEAUMONT, TX 77706		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD HUMPHREY, EUGENE 2155 IH 10 EAST BEAUMONT, TX 77701		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  <b>Vice President</b>		4-28-04	409-951-6493
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>