

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 CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90187 006 ***150.00

DOCUMENT # **P95000086021**

1. Corporation Name

UNIVERSAL HOME MEDICAL, INC.

Principal Place of Business

**3435 ENTERPRISE AVE.
48
NAPLES FL 33942
US**

Mailing Address

**3435 ENTERPRISE AVE.
48
NAPLES FL 33942
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1995

4. FEI Number

65-0619064

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

2. Principal Place of Business

12717 WEST SUNRISE BLVD.

Suite Apt. #, etc.

192

City & State

SUNRISE, FLORIDA

Zip

33323

Country

USA

2a. Mailing Address

12717 WEST SUNRISE BLVD.

Suite Apt. #, etc.

192

City & State

SUNRISE, FLORIDA

Zip

33323

Country

USA

9. Name and Address of Current Registered Agent

**BARAOIDAN, GEORGE
1118 SW 104TH WAY
PEMBROKE PINES FL 33025**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
PTD
NAME
BARAOIDAN, GEORGE
STREET ADDRESS
1118 SW 104TH WAY
CITY-ST-ZIP
PEMBROKE PINES FL 33025

TITLE
VSD
NAME
FINER, GREGORY
STREET ADDRESS
6773 BERWICK PLACE
CITY-ST-ZIP
NAPLES FL 33942

TITLE
VSD
NAME
FINER, GREGORY
STREET ADDRESS
6773 BERWICK PLACE
CITY-ST-ZIP
NAPLES FL 33942

TITLE
VSD
NAME
FINER, GREGORY
STREET ADDRESS
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NAME
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6773 BERWICK PLACE
CITY-ST-ZIP
NAPLES FL 33942

TITLE
VSD
NAME
FINER, GREGORY
STREET ADDRESS
6773 BERWICK PLACE
CITY-ST-ZIP
NAPLES FL 33942

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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

Date

Daytime Phone #

CR2E034 (11/98)