

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90006 001 \*\*\*150.00

**DOCUMENT # P96000041802**

1. Entity Name

**HOME HEALTH DEPOT, INC.**

Principal Place of Business

**2100 45TH STREET  
UNIT #B-27  
WEST PALM BEACH FL 33407  
US**

Mailing Address

**2100 45TH STREET  
UNIT #B-27  
WEST PALM BEACH FL 33407  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0668228**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCOTT, GREGORY L  
1645 PALM BEACH LAKES BLVD. STE 1200  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete  
NAME **DERER, A.S**  
STREET ADDRESS **9020 GARDENS GLEN CIRCLE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **DVP** ☐ Delete  
NAME **DERER, BRIAN E**  
STREET ADDRESS **4755 VILLAGE BLVD. #201**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2111 Brandywine Rd., Apt 926**  
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 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

**9/12/01 561-842-3708**  
Date Daytime Phone #

CR2004 (5/01)

# HOME HEALTH Depot

"Your Complete Medical Department Store"

attachment  
#P96000041802  
B0065750

PARK PLAZA  
2100 45TH STREET - SUITE B-27  
WEST PALM BEACH, FL 33407  
TEL: (561) 842-3708  
FAX: (561) 842-6264

September 12, 2001

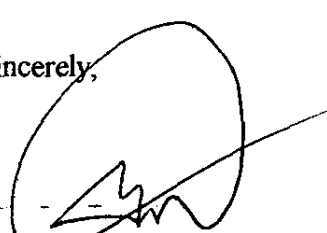
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We called your office this morning to inform you that we had not received the 2001 Uniform Business Report that was due in May, with a fee of \$150.00. We did receive the report that if filed today has a fee of \$550.00. Your office informed us that if we send a written statement to you along with the completed report post marked by September 15, 2001, that we are only required to pay the fee of \$150.00.

Thank you for your assistance in this matter. Enclosed is our completed 2001 Uniformed Business Report along with the fee of \$150.00.

Sincerely,

  
Brian E. Derer  
Vice President

- AMBULATORY EQUIPMENT
- AROMA THERAPY
- BREAST PUMPS
- CPAP/SLEEP APNEA
- ENTERAL FEEDING PRODUCTS & PUMPS
- HOME HEALTH SUPPLIES
- HOSPITAL BEDS
- INCONTINENCE
- LIFT CHAIRS
- MASTECTOMY PRODUCTS
- NEBULIZERS
- NURSES UNIFORMS & SHOES
- NUTRITION
- OSTOMY & WOUND CARE
- OXYGEN
- OXYGEN CONCENTRATORS
- PATIENT AIDS FOR DAILY LIVING
- RESPIRATORY THERAPY EQUIPMENT
- SCOOTERS
- SPORTS MEDICINE/REHABILITATION AIDS
- TENS UNITS & ACCESSORIES
- WHEELCHAIRS