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FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000089227 (8)

1. Corporation Name

HERITAGE HOME MEDICAL, INC.

Principal Place of Business

134 EAST CALL ST.  
STARKE FL 32091

Mailing Address

P.O. BOX 307  
STARKE FL 32091-0307

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

27 City & State

23

Zip

Country

28 Zip

Country

24

25

29

30

3. Name and Address of Current Registered Agent

SPERRING, RANDY  
134 EAST CALL ST.  
STARKE FL 32091

3. Date Incorporated or Qualified

10/30/1996

3a. Date of Last Report

4. FEI Number

59-3406434

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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

1.1 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

President  
Randy Sperring  
1834 N.W. 42nd Ave.  
Gainesville, FL 32606

DELETE

1.2 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Vice President  
Job E. Whittle  
10216 S.W. 49th Lane  
Gainesville, FL 32608

DELETE

1.3 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Treasurer  
Doug Reddish  
6977 Immokalee Drive  
Keystone Hts, FL 32656

DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

1.5 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

1.6 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

1.7 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Change

Addition

1.2 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Change

Addition

1.3 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Change

Addition

1.4 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Change

Addition

1.5 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Change

Addition

1.6 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Change

Addition

1.7 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Change

Addition

14. I do 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.

15. I do 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.

3/2/97

Daytime Phone: #

0017884

CR2E034 (9/96)