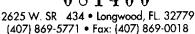
2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or truste changed, or on an attachment with an ad-

DOCUMENT # P97000038795 Aug 14, 2000 8:00 am Secretary of State 1. Entity Name HOMECARE MEDICAL EQUIPMENT & SERVICES, INC. 08-14-2000 90002 010 ***150.00 Principal Place of Business Mailing Address 755 W STATE ROAD 434 755 WEST ST RD 434 STE A LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3443750 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODGERS, LENNY Street Address (P.O. Box Number is Not Acceptable) 755-A WEST STATE ROAD 434 LONGWOOD FL 32750 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After SEPTEMBER 13, 2000 Min. will be \$750.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSTD Change Addition TITLE Delete TITLE RODGERS, LENARD E. NAME 755-A W STATE ROAD 434 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 CITY-\$T-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 Charter 6. Florida Statutes: and that my name appears in Block 11 or Block 12 in Blo





AHachment 0409100036795 0078140

August 8, 2000

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

RE: Homecare Medical Equipment & Services, Inc. Document # P97000038795

To Whom It May Concern:

This letter is in regard to the Second Notice filing we received from your office with regards to the enclosed document.

I was very upset to see that somehow we did not receive or misplaced this notice back at the beginning of the year. This notice is something we would never be late at paying. We can only believe that in our transition of going from a manual accounts payable system to a computerized system that somehow it was misplaced and was lost.

I would like to ask that we pay the initial fee with the enclosed check of \$150, and be given the benefit of the doubt that it was not our intention to disregard this payment notice.

We would appreciate your consideration for this request and can assure you that it will never happen in the future. Thank you.

Sincerely

Lenny Rodgers / President/CEO

HME