

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038795

1. Entity Name

HEMOCARE MEDICAL EQUIPMENT & SERVICES, INC.

P

FILED
Aug 14, 2000 8:00 am
Secretary of State

08-14-2000 90002 010 ***150.00

Principal Place of Business

755 W STATE ROAD 434
STE A
LONGWOOD FL 32750
US

Mailing Address

755 WEST ST RD 434
A
LONGWOOD FL 32750
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3443750

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODGERS, LENNY
755-A WEST STATE ROAD 434
LONGWOOD FL 32750

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME RODGERS, LENARD E.
STREET ADDRESS 755-A W STATE ROAD 434
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 689, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

LENARD E. RODGERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/00 407-834-4224

CR2E034 (5/00)



Attachment
P97000038795
DW78140

081400

2625 W. SR 434 • Longwood, FL 32779
(407) 869-5771 • Fax: (407) 869-0018

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,

A handwritten signature in black ink, appearing to read 'Lenny Rodgers', is written over the word 'Sincerely,'.

Lenny Rodgers
President/CEO
HME

