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

DOCUMENT # P98000044448

1. Corporation Name

BROWARD DADE HOME MEDICAL EQUIPMENT, INC.

Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90031 009 ***150.00

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Principal Place of Business Mailing Address					\neg	n (B#108#1 com 1810) (Brit obeit ##1)) obsit obii:	BIRKI MIGHE BIRKI I	81881 (\$15 1881
4509 BEE RIDGE RD SUITE B 4509 BEE RIDGE RD SUITE SARASOTA FL 34233 SARASOTA FL 34233								
						DO NOT-WRITE IN-THI	SPACE	
					3.	Date Incorporated or Qualifed 05/14/1998		
2. Principal Place of Business 2a. Mailing Address					4.	. FEI Number	Ap	plied For
21 905 E. Cypress Creek Rd.						<i>45-0836809</i>		t Applicable
Suite, Apt. #, etc.					5.	. Certifcate of Status Desired	\$8.75 A	
22		27				·	Fee Re	` -1
City & State City & State City & State City & State 23 + T. Landerdale + L 28					6.	Election Campaign Financing Trust Fund Contribution	\$5.00 Added_te	
Zip Country Zip 24 3333 4 25 29 38						 This corporation owes the current year In Personal Property Tax. 	_ Yes	No
	9. Name and Address of Current	Registered Agent			10.	. Name and Address of New Registered	Agent '	
WA	DO DDENDA E		81	Name				}
Wood, Brenda e 4509 bee Ridge Rd., Suite B Sarasota Fl 34233				Street Ad	ddress (F	P.O. Box Number is Not Acceptable)		
			84	City			85 Zip C	Code
				,		Fl	_ / (` '	
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		egistered Agen	t signature requi		reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	IDS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS A	☐ Change	
TITLE	LEONARD, ANGEL		1.2 NAME	ĺ			_ ,	_
NAME STREET ADDRESS	714 MC ARTHUR AVE.		1.3 STREET	AUDDESS				
STREET ADDRESS	SARASOTA FL 34243		1.4 CITY-S					{
CITY-ST-ZIP TITLE	CANAGO IA TE GIETO	☐ DELETE	2.1 TITLE	1-21			☐ Change	Addition
NAME			2.2 NAME					,
STREET ADDRESS		,	2.3 STREET	ADORESS I				}
CITY-ST-ZIP			2. 4 CITY-S	ſ				
TITLE		☐ DELETE	3.1 TITLE	1-2			Change	☐ Addition
NAME			3.2 NAME	}				†
STREET ADDRESS			3.3 STREET	ADDRESS				1
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME					-
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	{	!	5.2 NAME	}				
STREET ADDRESS		*.	5.3 STREET	ADDRESS				}
CITY-ST-ZIP	es the fact arms and the first state of	CENCRE ROPES - JUE - DELETE	5.4 CITY-S	T-ZIP				
TITLE · · · · · · · · · · · · · · · · · · ·	E. J. 7 W. S. S. W.	a	6.1 TITLE)			Change	☐ Addition
NAME			6.2 NAME					ł
STREET ADDRESS	- 70 - 30 10		6.3 STREET					Į
01707 07 7170	Į.		64 CITY-ST	T_ 7IP		•		Į.

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 attacyment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #