

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90292 009 \*\*\*150.00

DOCUMENT # P99000006219 ✓

1. Entity Name

AMERICARE HOME MEDICAL, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6800 EAST ROGERS CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14

City & State

City & State

BOCA RATON, FLORIDA

Zip

Country

Zip

Country

33487

USA

4. FEI Number

65-0903368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ANTHONY LAWHON ESQUIRE

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

3431 PINE RIDGE ROAD

SUITE 101

City

NAPLES

FL

Zip Code

34109

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
GEORGE BARAOIDAN  
6800 EAST ROGERS CIRCLE #14

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BOCA RATON, FL 33487

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

4/28/02 (954) 575-0208