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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S68114 (5)

1. Corporation Name
MEDEX HOME CARE, INC.

Principal Place of Business

8300 SW 8TH STREET
SUITE 304
MIAMI FL 33144
US

Mailing Address

8300 SW 8TH STREET
SUITE 304
MIAMI FL 33144
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1991

4. FEI Number

65-0275878

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8368 SW 8TH STREET

Suite, Apt. #, etc.

22 City & State

23 MIAMI - FL

24 Zip

25 33144

Country

26 MIAMI - DADE

2a. Mailing Address

26 8368 SW 8TH STREET

Suite, Apt. #, etc.

27 City & State

28 MIAMI - FL

29 Zip

30 33144

Country

31 MIAMI - DADE

9. Name and Address of Current Registered Agent

CABRERA, RAUL D.
4201 SW 11TH ST.
MIAMI FL 33134-4997

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

TITLE ☐ DELETE

NAME D
STREET ADDRESS LLANES, EDDY D.
CITY - ST - ZIP 10202 SW 27 ST.
MIAMI FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS LLANES, LEX
CITY - ST - ZIP 10202 SW 27 ST.
MIAMI FL

TITLE ☐ DELETE

NAME S
STREET ADDRESS LLANES, MAXIMA I
CITY - ST - ZIP 10202 SW 27 ST
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
1.3 STREET ADDRESS LLANES EDDY D
1.4 CITY - ST - ZIP 8368 SW 8TH STREET
MIAMI - FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D
2.3 STREET ADDRESS LLANES LEX
2.4 CITY - ST - ZIP 8368 SW 8TH STREET
MIAMI - FL - 33144

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME S
3.3 STREET ADDRESS LLANES MAXIMA I
3.4 CITY - ST - ZIP 8368 SW 8TH STREET
MIAMI - FL - 33144

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-98 305-267-9014

Date Daytime Phone # 0206736

CR2E034 (10/97)