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PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 05 1998 8:00am Secretary of State

| Principal Place of Business  8300 SW 8TH STREET SUITE 304  MEDEX HOME CARE, INC.  Mailing Address  8300 SW 8TH STREET SUITE 304   |  |   |                               |            |  |   |  | DO NOT WRITE IN THIS SPACE   |                               |   |  |
|---|--|---|-------------------------------|------------|--|---|--|--|-------------------------------|---|--|
|   |  |   |                               |            |  |   |  |  |                               |   |  |
| MIAMI FL 3314<br>US   | 14   |   |                               |            | Aiami fl 33144<br>Js   |   | -  | 3. Date Incorporated or Qualified  | IIS SPACE                     | <del></del>                               |  |
|   |  | <del></del>   |                               |            |  |   |  | 07/23/1991   |                               |   |  |
| 2. Principal Pla  | ace of Busin   | 1055<br>3 TA 5/2  | eet -                         | 2a.        | Mailing Address  | OTA STREET  | /  | 4. FEI Number<br>65-0275878  |                               | Applied For<br>Not Applicable             |  |
| Suite, Apt. #   |  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                               | 201        | Suite, Apt. #, etc.  | 7,111   |  |  |                               | Additional                                |  |
|   |  |   |                               | 27         |  |   |  | Certificate of Status Desired  | Fee                           | Required                                  |  |
| City & State    HiAMi -F/   |  |   |                               | 1001       |  | -F1   |  | 6. Election Campaign Financing Trust Fund Contribution   |                               | \$5.00 May Be<br>Added to Fees            |  |
| Zip <b>9314</b>   | 4  | Country<br>25 HIAHI   | -DADE                         | 29         | 3314 Y   | Country<br>30 MIAMI -DI   | A)e  | 8. This corporation owes or has paid the<br>Personal Property Tax due June 30.   | current year                  | Intangible                                |  |
|   |  | and Address   |                               | 1=-1       |  | 1301  |  | 10. Name and Address of New Registers  |                               |   |  |
| 420   | Brera, Ra<br>11 SW 11T<br>MIFL 331   | H ST.   |                               |            |  | 82 Street A<br>83   | Address  | s (P.O. Box Number is Not Acceptable)  |                               | p Code                                    |  |
| office or re  | gistered ag  | ions of Section<br>ont, or both, in   | ns 607.0502 a<br>the State of | and 6      | 07.1508, Florida Stat<br>da Such change was  | utes, the above-named of authorized by the corp   | corpora<br>oration   | ation submits this statement for the purpose<br>is board of directors. I hereby accept the   | e of changing appointment     | ) its registere<br>as registered          |  |
| BIGNATURE S   |  | or printed name of  |                               | and little | if applicable [N   | utes, the above-named of sauthorized by the corp Florida Statutes.  OTE Registered Agent signature of 13.   |  |  | E                             |   |  |
| SIGNATURE S   | Signature, typed   | or printed native of OFF1   | registered agont a            | and little | if applicable [N   | OTE: Registered Agent signature of 13.  | required w   | when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A   | AND DIRECTO                   | ORS IN 12                                 |  |
| BIGNATURE S   | D<br>LLANES  | or printed name of OFFE   | registered agont a            | and little | if applicable (N   | OTE: Registered Agent signature r 13. 1.1 TITLE 1.2 NAME  | B'   | ADDITIONS/CHANGES TO OFFICERS A  AUCS FDDY D  368 SW BM STREET   | AND DIRECTO                   | ORS IN 12                                 |  |
| SIGNATURE S  12.  ITLE  IAME  STREET ADDRESS  | D<br>LLANES  | or profind name of OFFI  OFFI | registered agont a            | and little | if applicable (N   | OTE: Registered Agent signature of 13.  | B'   | when reinstating) DATI   | AND DIRECTO                   | ORS IN 12                                 |  |
| SIGNATURE  2. HILE HAME TREET ADDRESS ATY-ST-ZIP HILE   | D<br>LLANES<br>10202 S<br>MIAMI F  | or project carrier of<br>OFFI<br>6, EDDY D.<br>SW 27 ST.<br>EL.   | registered agont a            | and little | if applicable (N   | OTE. Registered Agent signature :  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE   | 3°<br>LC<br>B3<br>F  | ADDITIONS/CHANGES TO OFFICERS A ADES EDDY D 368 SW BM STREET HING; -FC   | AND DIRECTO                   | ORS IN 12<br>e                            |  |
| Z. TILE AME TREET ADDRESS ITY-ST-ZIP ITLE AME   | D<br>LLANES<br>10202 S<br>MIAMI F<br>D<br>LLANES<br>10202 S                                      | or profied name of OFFE S, EDDY D. SW 27 ST.  | registered agont a            | and little | Papphoable (NOTORS   | OTE Registered Agent signature i  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  | D LLC BE   | when reinstating)  ADDITIONS/CHANGES TO OFFICERS A  ANES EDDY D  368 SW BM STREET  1194; -FC  44NES LEX  368 SW BM S/neet                  | E<br>AND DIRECTO<br>AND Chang | ORS IN 12<br>e                            |  |
| EIGNATURE  2. TILE  AME  TREET ADDRESS  ITY-ST-ZIP  TILE  AME  TREET ADDRESS  ITY-ST-ZIP  | D<br>LLANES<br>10202 S<br>MIAMI F<br>D<br>LLANES<br>10202 S<br>MIAMI F                           | or profied name of OFFE S, EDDY D. SW 27 ST.  | registered agont a            | and little | Papphoable (NCTORS DELETE  | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  | The second of th | when reinstating)  ADDITIONS/CHANGES TO OFFICERS A  ANES EDDY  368 SW BM STREET  1194; -FC  44NES LEX  368 SW BM S/neet  1194; -FI - 33144 | EAND DIRECTO                  | DRS IN 12<br>e ☐ Addition                 |  |
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| 2.  2.  IILE  IAME  STREET ADDRESS  SITY-ST-ZIP  IILE  IAME  STREET ADDRESS  | D<br>LLANES<br>10202 S<br>MIAMI F<br>D<br>LLANES<br>10202 S<br>MIAMI F<br>S<br>LLANES<br>10202 S | or profind name of OFFE S., EDDY D. SW 27 ST. EL. S., LEX SW 27 ST. EL. S., MAXIMA I SW 27 ST.  | registered agont a            | and little | Papplicable (NOTORS DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-SI-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME  | The second of th | when reinstating)  ADDITIONS/CHANGES TO OFFICERS A  ANES EDDY  368 SW BM STREET  1194; -FC  44NES LEX  368 SW BM S/neet  1194; -FI - 33144 | E AND DIRECTO                 | DRS IN 12 c                               |  |
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indicated on this annual report or supplemental annual roport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at 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

GNATURE:

4-84-98

307-267-90 99

**SIGNATURE:** 

305-267-90 VF