

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90138 012 ***150.00

DOCUMENT # S93267

1. Corporation Name

OXY-MED HOME CARE SERVICE & SUPPLY, INC.



Principal Place of Business

501 VILLAE GREEN PARKWAY
SUITE 1
BRADENTON FL 34209
US

Mailing Address

9604 CORTEZ ROAD
SUITE 126
BRADENTON FL 34210
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1991

4. FEI Number

65-0297153

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 4815 MANATEE AVE. W.

Suite, Apt. #, etc.

22

City & State

23 BRADENTON, FL

Zip

24 34209

Country

25 USA US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HOLT, ADRICK L. & SHERI R.
2207 79TH ST CRT W
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name

HOLT, ADRICK L. & SHERI R.

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

9604 CORTEZ Rd # 126

83

84 City

BRADENTON, FL

FL

85 Zip Code

34210

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 P ☐ DELETE

NAME HOLT, ADRICK L.
STREET ADDRESS 2207 79TH ST CRT W
CITY-ST-ZIP BRADENTON FL

TITLE VP ☐ DELETE

NAME HOLT, SHERI R.
STREET ADDRESS 2207 79TH ST CRT W
CITY-ST-ZIP BRADENTON 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition

1.2 NAME HOLT, ADRICK L.
1.3 STREET ADDRESS 9604 CORTEZ Rd. #126
1.4 CITY-ST-ZIP BRADENTON, FL 34210

2.1 TITLE VP ☐ Change ☐ Addition

2.2 NAME HOLT, SHERI R.
2.3 STREET ADDRESS 9604 CORTEZ Rd. #126
2.4 CITY-ST-ZIP BRADENTON, FL 34210

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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)(l), 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERI R. HOLT

2/27/99 (941) 794-1818

Date

Daytime Phone #

0469537

CR2E034 (11/98)