FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63977 (5)

1. Corporate Name

MID-WAY HOME CARE EQUIPMENT COMPANY

Principal Place of Business:
~~7575 W. FLAGLER ST.~~
~~#200~~
~~MIAMI FL 33144~~
US

Mailing Address:
~~9804 SW 156TH CT~~
~~MIAMI FL 33196-6040~~
US

3. Date Incorporated or Qualified: 09/15/1992	3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0357095	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 is ... Florida Statutes.	X Yes [ ] No

2. Principal Office Address
21 2265 N.W. 7 St.
22 Suite 201
23 Miami, Fl.
24 33125 25

2a. Mailing Address
26 2265 N.W. 7 St.
27 Suite 201
28 Miami Fl.
29 33125 30

9. Name and Address of Current Registered Agent

~~FERNANDEZ, OMAR~~
~~9804 S.W. 156TH COURT~~
~~MIAMI FL 33196~~

10. Name and Address of New Registered Agent

81 Name: Gladys Fernandez
82 Street Address (P.O. Box Number is Not Acceptable): 9131 Fountainbleau Blvd. #6
83
84 City: Miami FL 85 Zip Code: 33172

11. Pursuant to the provisions of ... 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. ...

SIGNATURE: [signature]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	TITLE	President [ ] Change [ ] Addition
NAME	~~FERNANDEZ, OMAR~~	NAME	Gladys Fernandez
STREET ADDRESS	~~9804 S.W. 156TH CT.~~	STREET ADDRESS	9131 FountAinebleau Blvd #6
CITY-ST-ZIP	~~MIAMI FL~~	CITY-ST-ZIP	MIAMI Florida 33172
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is true and accurate ... Florida Statutes ...

SIGNATURE: [signature] 5/8/95 541 1310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0206283 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
[illegible] 13 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64134** **(2)**

1. Corporation Name
JULIAN MOODY, INC.

Principal Place of Business	Mailing Address
SR 436 LAKE PANASOFFKEE FL 33538 US	P O BOX 87 LAKE PANASOFFKEE FL 33538 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3140546	☐ 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 has initially for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 1256 CR 436	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MOODY, ELOISE G
3320 ACAPULCO DRIVE
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 1256 CR #436
83
84 City: LAKE PANASOFFKEE FL 85 Zip Code: 33538

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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: [illegible] (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: MOODY, ELOISE G STREET ADDRESS: 3320 ACAPULCO DR CITY-ST-ZIP: RIVERVIEW FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 1 or Block 13 if changed or added to the attachment with an address.

SIGNATURE: Eloise G Moody — 5/10/94 — 1-904-645-1695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ELOISE G. MOODY

0440802 FP