AMENDMENT ANNUAL REPORT

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

MID WAY HOME CARE EQUIPMENT CO.

Principal Place of Business

Mailing Address

FILED Aug 13, 1998 8:00 am Secretary of State

| SUITE 20.2-B | 7575 N | 1. FLAGLER, ST. | 7575 W. FXA | GLER, ST. | | | |
|--|---|---|-------------------------------------|--------------------------------|--|------------------------------|--|
| 2. | • | • | | | DO NOT WRITE IN TH | S SPACE | |
| 2. Prenumal Place of Business 2. A. Mairing Address 2. A. Mairing Addres | • | | MIAMI, FL. 33144 | | 3. Date Incorporated or Qualified | | |
| South April & Other | 2. Principal Pla | ace of Business | 2a. Mailing Address | - | 4. FEI Number | Applied For | |
| Suite April Office Offic | 21 7575 | W.FLAGLER ST. | 26 7575 W. FLAGLER ST. | | : 65-0357095 | Not Applicable | |
| 22 SUITET 202-B 27 SUITET 202-B 28 STATE 202-B 29 State City & State Country 20 C | | | | | | \$8.75-Additional | |
| Added to Fees Added to Fee | 22 SUITE | , 202-B | 27 SUITE- 202-B | | 5. Certificate of Gratus Besiled | Fee Required | |
| S. Name and Address of Current Registered Agent | | | City & State 28 MIAMI, FF. | | | | |
| STREET ADDRESS STRE | Zip | Country | | Country DADE | | | |
| Size Address (P.D. Box Number is Not Acceptable) 75.75 W. FLAGLER 5.7: 83 SUITE - ZO2 - B 54 City VIIII FL 55 Zp Code 37 57 W. FLAGLER 5.7: 84 SUITE - ZO2 - B 54 City VIIII FL 56 Zp Code 37 57 W. FLAGLER 5.7: 85 Zp Code 37 47 W. FLAGLER 5.7: 85 Zp Code 37 Yes Code | 4 | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registere | d Agent | |
| Size Address PO. Box Number is to Acceptable) 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, and accepts the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accepts the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accepts the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent agent is registered agent | | | view in the second | 81 Name | SLADVS FERNANDE | > | |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits its 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 believe that the provisions of Sections 607 0506, Florida Statutes, the above-named corporation's budmits its statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0506, Florida Statutes, or corporation's board of directors. I hereby accept the appropriement as registered agent and the appropriate agent agent and the appropriate agent agent agent agent agent and the appropriate agent | | | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | <u> </u> | |
| 11. Pursuant to the provisions of Sequens 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/he obligations of. Section 807.0505, Florida Statutes. Fig. 10. | | | | 92 | • | | |
| 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submiss this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. DELETE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. DATE 17. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. DATE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. T. D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS T | | | | 84 City | • | | |
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| 12. | $\Delta 7/31/60$ | | | | | | |
| TITLE | SIGNATURE _ | Signature hyped or printed frame of registered agen | t and title if applicable (NOTE | Registered Agent signature red | quired when roinstating) DATE | | |
| NAME | 12. | OFFICERS AND | · | 13. | ADDITIONS/CHANGES TO OFFICERS A | | |
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| | | ertify that the information supplied wi | th this filing does not qualify for | | 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:

ED OR PRINTED CAME OF SIGNING OFFICER OR DIRECTOR