

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002491

**Entity Name:** ABC HOME MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

900 E. PRIMA VISTA BOULEVARD  
SUITE 300  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

900 E. PRIMA VISTA BOULEVARD  
SUITE 300  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 51-0443844

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BANG, GARY R. JR.  
Address        118 SE RIO CASARANO  
City-State-Zip: PORT SAINT LUCIE FL 34984-6618

Title            CFO, VP  
Name            WON, DAVID Y.  
Address        11948 SW CRESTWOOD CIR.  
City-State-Zip: PORT ST. LUCIE FL 34987

Title            DIRECTOR, SECRETARY  
Name            SMITH, ADAM R  
Address        2975 WENTWORTH WAY  
City-State-Zip: TARPON SPRINGS FL 34688

Title            DIRECTOR  
Name            STRAUP, KENNETH A  
Address        1224 HEDGEROW DRIVE  
City-State-Zip: GRAYSLAKE IL 60030

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY R. BANG, JR.

**PRESIDENT**

**05/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date