

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002491

Entity Name: ABC HOME MEDICAL SUPPLY, INC.

Current Principal Place of Business:

1660 SW SAINT LUCIE WEST BLVD, STE 200
PORT ST. LUCIE, FL 34986

Current Mailing Address:

1660 SW SAINT LUCIE WEST BLVD
SUITE 200
PORT ST. LUCIE, FL 34986 US

FEI Number: 51-0443844

Certificate of Status Desired: Yes

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 VESTAL, EMILY M.
Address 1660 SW SAINT LUCIE WEST BLVD,
 STE 200
City-State-Zip: PORT ST. LUCIE FL 34986

Title CFO, VP, DIRECTOR
Name NOBLE, PATRICK C
Address 1660 SW SAINT LUCIE WEST BLVD,
 STE 200
City-State-Zip: PORT ST. LUCIE FL 34986

Title SECRETARY
Name HEROUX, LISE M
Address 1660 SW SAINT LUCIE WEST BLVD,
 STE 200
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name FINNERTY, TIMOTHY B.
Address 1660 SW SAINT LUCIE WEST BLVD,
 STE 200
City-State-Zip: PORT ST. LUCIE FL 34986

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: EMILY M. VESTAL

**PRESIDENT AND
DIRECTOR**

02/20/2024

Electronic Signature of Signing Officer/Director Detail

Date