No. <b>C 75343</b>		Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  NORTHWEST HOME MEDICAL, INC.  VERONICA R MADDOX  3600 VINELAND ROAD  SUITE 114  ORLANDO FL 32811		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	TIMOTHY C. PIGG		3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811
SECRETARY	STEVEN B. BURRES		3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811
TREASURER	ER THOMAS J. KOENIG		3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811
DIRECTOR	RECTOR STEVEN B. BURRES		3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811
DIRECTOR	TIMOTHY C.	PIGG	3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811
5. Organized Under the Laws of: 6. An		6. Annual Report must be signed.*					
ID C 75343		Signature: STEVEN B. BURRES		Date: 03/19/2018			
		Name (type or print)	Title: SECRETARY				
Processed 03/19/2018	* Electronically provided signatures are accepted as original signatures.						