

No. <b>C 75343</b>		<b>Due no later than Mar 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, 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	TIMOTHY C. PIGG	3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811	
DIRECTOR	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:  <b>ID</b> <b>C 75343</b>		6. Annual Report must be signed.*  Signature: STEVEN B. BURRES Name (type or print): STEVEN B. BURRES					
		Date: 02/23/2016 Title: SECRETARY					
Processed 02/23/2016		* Electronically provided signatures are accepted as original signatures.					