

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90088 020 ***150.00

DOCUMENT # F03000003727

1. Entity Name
AEROCARE HOLDINGS, INC.



Principal Place of Business
**C/O NEXUS GROUP
 3305 BARTLETT BLVD.
 ORLANDO, FL 32811**

Mailing Address
**C/O NEXUS GROUP
 3305 BARTLETT BLVD.
 ORLANDO, FL 32811**



2. Principal Place of Business
3325 Bartlett Blvd.

3. Mailing Address
3325 Bartlett Blvd.

02052004 Chg-P CR2E034 (10/03)

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32811

Country
USA

Zip
32811

Country
USA

4. FEI Number
55-0800066

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIGGS, STEPHEN P 3305 BARTLETT BLVD. ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COVEY, MARY BETH 15401 VANTAGE PARKWAY WEST, SUITE 100 HOUSTON, TX 77032 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS VINCHUR, BRIAN 18520 MARINDA CIRCLE OMAHA, NE 68130 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRK, RICHARD D 1180 BROOKGATE WAY ATLANTA, GA 30319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, THOMAS J THE MILL - 10 GLENVILLE STREET GREENWICH, CT 96831 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSFORD, W. BRUCE 4360 BROWNSBORO ROAD, SUITE 200 LOUISVILLE, KY 40207 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3325 BARTLETT BLVD. ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS RUSSELL, JOSEPH 311 E. TROTTERS DRIVE MAITLAND, FL 32751 <input type="checkbox"/> Change, <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph P Russell **JOSEPH RUSSELL** 4/26/04 407-206-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #