

**2008 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000113920</b>	
1. Entity Name FLORIDA OXYGEN & HOME MEDICAL EQUIPMENT, INC.	
Principal Place of Business 120 B RODGERS BLVD. CHIEFLAND, FL 32626	Mailing Address PO BOX 1537 CHIEFLAND, FL 32644-1537



**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**



05152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3759682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

STANTON, ERNA C  
8405 N. PINE HAVEN POINT  
CRYSTAL RIVER, FL 34428

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000954056  
07/10/08-80009-014 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANTON, Y. MORRIS 8405 N. PINE HAVEN POINT CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANTON, ERNA C 8405 N PINE HAVON PT. CRYSTAL RIVER, FL 34428
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Erna C. Stanton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ERNA C. STANTON* 7-8-08 352-422-7481

Date

Daytime Phone #