

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114534

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: FLORIDA HOME MEDICAL EQUIPMENT, INC.

## Current Principal Place of Business:

3451 EXECUTIVE WAY  
MIRAMAR, FL 33025

## New Principal Place of Business:

3700 COMMERCE PARKWAY  
MIRAMAR, FL 33025

## Current Mailing Address:

3451 EXECUTIVE WAY  
MIRAMAR, FL 33025

## New Mailing Address:

3700 COMMERCE PARKWAY  
MIRAMAR, FL 33025

FEI Number: 65-1159107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KLEIN, BRENT D  
801 BRICKELL AVE  
STE 1901  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VALVERDE, RENE  
Address: 3451 EXECUTIVE WAY  
City-St-Zip: MIRAMAR, FL 33025

Title: VP ( ) Delete  
Name: QUEVEDO, ALEJANDRO  
Address: 3451 EXECUTIVE WAY  
City-St-Zip: MIRAMAR, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VALVERDE, RENE  
Address: 3700 COMMERCE PARKWAY  
City-St-Zip: MIRAMAR, FL 33025

Title: VP (X) Change ( ) Addition  
Name: QUEVEDO, ALEJANDRO  
Address: 3700 COMMERCE PARKWAY  
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALEJANDRO QUEVEDO

VP

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date