

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 21, 2011
Secretary of State**

DOCUMENT# P01000114534

Entity Name: FLORIDA HOME MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

3700 COMMERCE PARKWAY
MIRAMAR, FL 33025

New Principal Place of Business:

3700 COMMERCE PARKWAY
SUITE B
MIRAMAR, FL 33025

Current Mailing Address:

3700 COMMERCE PARKWAY
MIRAMAR, FL 33025

New Mailing Address:

3700 COMMERCE PARKWAY
SUITE B
MIRAMAR, FL 33025

FEI Number: 65-1159107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: CEOD
Name: BAUDE, BRUCE
Address: 11000 PRAIRIE LAKES DRIVE, SUITE 600
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: DVPT
Name: SJOBECK, JEFFREY
Address: 11000 PRAIRIE LAKES DRIVE, SUITE 600
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: SSVF
Name: COGGINS ESQ., EILEEN M
Address: 8601 N. SCOTTSDALE ROAD, SUITE 335
City-St-Zip: SCOTTSDALE, AZ 85253

Title: P
Name: ROYBAL, HELENE
Address: 3700 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

I hereby 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 all other like empowered.

SIGNATURE: EILEEN M. COGGINS ESQ.

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10/21/2011

Electronic Signature of Signing Officer or Director

_____ Date