

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000114534

**FILED
Apr 27, 2012
Secretary of State**

Entity Name: FLORIDA HOME MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

14101 COMMERCE WAY
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14101 COMMERCE WAY
MIAMI LAKES, FL 33016

New Mailing Address:

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: CEO
Name: WILCUTTS, H. DAVID
Address: 3700 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

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

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

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

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.

SSVP

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date