2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State
08-04-2005 90003 045 ***150.00

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1. Entity Name
JAY HOME MEDICAL EQUIPMENT, INC.

50059856

07192005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
6277 POWERS AVE. JACKSONVILLE, FL 32217	6277 POWERS AVE. JACKSONVILLE, FL 32217
2. Principal Place of Business 6277 POWERS AVE. JAX. FL. 32217	3. Mailing Address 6277 POWERS AVC. JAX. FL. 32217
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State JACKSONVILLE FL. 32217	City & State Same
Zip 32217 Country DUVAL	Zip Country

4. FEI Number 55-0825243 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NULAND, CHRISTOPHER L 1000 RIVERSIDE AVENUE SUITE 115 JACKSONVILLE, FL 32204	Name Same 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAID, BEENA 10116 VINEYARD LAKE ROAD EAST JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAID, JAGAN 10116 VINEYARD LAKE ROAD EAST JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

JAGAN N VAID

SIGNATURE: Jagan N. Vaid 8/2/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

P03000086017

500598576

JAY HOME MEDICAL EQUIPMENT INC.
6277 Powers Avenue
Jacksonville, Florida 32217
Tel: 904.733.3026 Fax: 904.733.3027
Emergency: 904.703.7036 Toll Free: 800.731.4316

Glenda E. Hood
Division of Corporations
P O Box 6327
Tallahassee, FL. 32314

To Whom It May Concern:

We are a new company. We have never received anything from your office in the past and would like to know if you would wave this fine also we have enclosed a check for $150.00. If there is anything else we need to do please feel free to contact our office at anytime.

Thank you,

Jagan Vaid V.P

Jagan Vaid

7/7/2005