

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051730

FILED
Jan 13, 2004
Secretary of State

Entity Name: FLORIDA DME PRODUCTS, INC.

Current Principal Place of Business:

1155 S CONGRESS AVENUE
SUITE 2
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

1155 S CONGRESS AVENUE
SUITE 2
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 41-2098157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENTHAL, ALEX P
2115 N COMMERCE PARKWAY
WESTON, FL 33326 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: FRIONE, LAURA R PRES
Address: 361 OREGON LANE
City-St-Zip: BOCA RATON, FL 33487 US

Title: VP () Change (X) Addition
Name: DAMBRA, GEROGIANA VP
Address: 417 OREGON LANE
City-St-Zip: BOCA RATON, FL 33487 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURA FRIONE

PRES

01/13/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date