

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028120

Entity Name: TRI-CITY HOME MEDICAL, INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 130
JAY, FL 32565

New Principal Place of Business:

3878 HWY 4
JAY, FL 32565

Current Mailing Address:

P.O. BOX 130
JAY, FL 32565

New Mailing Address:

FEI Number: 20-2315350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEVELS, OBIE DERREK
2925 SHELL ROAD
JAY, FL 32565 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: NEVELS, OBIE DERREK
Address: 2925 SHELL RD
City-St-Zip: JAY, FL 32565 US

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: OBIE DERREK NEVELS

PRES

04/19/2006

Electronic Signature of Signing Officer or Director

Date