

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000034097

**Entity Name:** JAY HOME MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

6277 POWERS AVE.  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6277 POWERS AVE.  
JACKSONVILLE, FL 32217

**FEI Number:** 55-0825243

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVENUE SUITE 115  
JACKSONVILLE, FL 32204 US

*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

**Officer/Director Detail :**

Title            D  
Name            VAID, BEENA  
Address        10116 VINEYARD LAKE ROAD EAST  
City-State-Zip: JACKSONVILLE FL 32256

Title            D  
Name            VAID, JAGAN  
Address        10116 VINEYARD LAKE ROAD EAST  
City-State-Zip: JACKSONVILLE FL 32256

*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:** JAGAN N VAID

D

04/27/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date