

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004481

FILED
Jul 12, 2005
Secretary of State

Entity Name: HOME MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

2709 GOVERNORS DRIVE
HUNTSVILLE, AL 35805

New Principal Place of Business:

2200 CLINTON AVENUE
HUNTSVILLE, AL 35805

Current Mailing Address:

2709 GOVERNORS DRIVE
HUNTSVILLE, AL 35805

New Mailing Address:

1580 SPARKMAN DRIVE
SUITE 201
HUNTSVILLE, AL 35805

FEI Number: 63-1214846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABIGANDO, JIMMY JR.
8622 PENSACOLA BLVD.
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

SANDERS, GREG
P.O. BOX 18515
HUNTSVILLE, AL, FL 35804 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: GREGORY SANDERS

07/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPVS () Delete
Name: SANDERS, GREGORY C
Address: 2709 GOVERNORS DRIVE
City-St-Zip: HUNTSVILLE, AL 35805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPVS (X) Change () Addition
Name: SANDERS, GREGORY C
Address: P.O. BOX 18515
City-St-Zip: HUNTSVILLE, AL 35805

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: GREGORY SANDERS

PRES

07/12/2005

Electronic Signature of Signing Officer or Director

Date