

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005911

FILED
Apr 21, 2011
Secretary of State

Entity Name: HOME-CARE EQUIPMENT NETWORK INC.

Current Principal Place of Business:

19387 U.S. 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPT
PO BOX 9004
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 20-1737592 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHABEL, SHAWN S
Address: 19387 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: STD
Name: GABOS, PAUL G
Address: 19387 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

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: PAUL G GABOS

STD

04/21/2011

Electronic Signature of Signing Officer or Director

Date