2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

DOCUMENT# F06000001164

Entity Name: ALLIED HOME MEDICAL INC

Current Principal Place of Business:

3075 POPLAR GROVE RD
COOKEVILLE, TN 38506

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 119
SPARTA, TN 38583

New Mailing Address:

FEI Number: 62-1631221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PK DR STE 4
WESTON, FL 33331 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: CV
Name: CASKEY, WILLIAM
Address: 3685 HICKORY VALLEY RD
City-St-Zip: SPARTA, TN 38583

Title: DP
Name: CASKEY, KIRK
Address: 1474 AVELLINO CIRCLE
City-St-Zip: MURFREESBORO, TN 38574

Title: DST
Name: CASKEY, LINDA
Address: 3685 HICKORY VALLEY RD
City-St-Zip: SPARTA, TN 38583

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: LINDA CASKEY SEC 01/18/2011

Electronic Signature of Signing Officer or Director Date