2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# F09000001764

Entity Name: MSI HOME MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

4267 WOODBINE ROAD
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

406 MEDICAL CENTER DRIVE
JASPER, AL 35501

New Mailing Address:

FEI Number: 63-0714407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, ROBIN E
5095 GRUMANN DRIVE
PENSACOLA, FL 32507 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: CPD
Name: WILLINGHAM, PATRICK CEO
Address: 30475 HARBOUR DRIVE
City-St-Zip: ORANGE BEACH, AL 36561

Title: VP
Name: FRANKLIN, THOMAS M
Address: 219 BLACK ROAD
City-St-Zip: JASPER, AL 35504

Title: S
Name: OOM, CHARLENE
Address: 245 HEMMINGWAY LOOP
City-St-Zip: FOLEY, AL 36535

Title: T
Name: JOHNSON, ROBIN
Address: 5095 GRUMANN DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: D
Name: LAIRD, PHILLIP A ATTORNE
Address: 1800 FIFTH AVENUE S.W.
City-St-Zip: JASPER, AL 35504

Title: D
Name: CARLSON, JR., WILLIAM T ATTORNE
Address: 347 VESCLUB DRIVE
City-St-Zip: BIRMINGHAM, AL 35216

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: ROBIN E. JOHNSON T 02/16/2011

Electronic Signature of Signing Officer or Director — Date