2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2011
Secretary of State

DOCUMENT# F10000004983

Entity Name: PHCS HOME MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

8367 MORPHY AVE
FAIRHOPE, AL 36532

New Principal Place of Business:

Current Mailing Address:

8367 MORPHY AVE
FAIRHOPE, AL 36532

New Mailing Address:

FEI Number: 63-1000459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
3111 W. DR.MLK BLVD. SUITE 100-B180
TAMPA, FL 33607 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: CDP
Name: MIXON, TIMOTHY R
Address: 8367 MORPHY AVE
City-St-Zip: FAIRHOPE, AL 36532

Title: ST
Name: MIXON, KERI
Address: 8367 MORPHY AVE
City-St-Zip: FAIRHOPE, AL 36532

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: TIMOTHY R MIXON PRES 07/19/2011

Electronic Signature of Signing Officer or Director — Date