
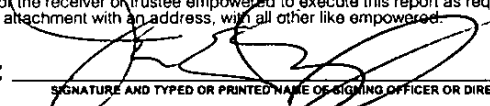


**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90175 034 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F94000000218</b>					
1. Entity Name <b>INVACARE CORPORATION</b>					
Principal Place of Business <b>ONE INVACARE WAY ELYRIA, OH 44035-4107 US</b>			Mailing Address <b>ONE INVACARE WAY ELYRIA, OH 44035 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>95-2680965</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS					
TITLE	CD	<input type="checkbox"/> Delete			
NAME	<b>MIXON, III, A. MILACHI</b>				
STREET ADDRESS	<b>ONE INVACARE WAY</b>				
CITY-ST-ZIP	<b>ELYRIA, OH 44035</b>				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	<b>FOX, JEROME E</b>				
STREET ADDRESS	<b>ONE INVACARE WAY</b>				
CITY-ST-ZIP	<b>ELYRIA, OH 440354107</b>				
TITLE	ST	<input type="checkbox"/> Delete			
NAME	<b>THOMPSON, GREGORY C</b>				
STREET ADDRESS	<b>ONE INVACARE WAY</b>				
CITY-ST-ZIP	<b>ELYRIA, OH 44035</b>				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	<b>BLOUCH, GERALD B</b>				
STREET ADDRESS	<b>ONE INVACARE WAY</b>				
CITY-ST-ZIP	<b>ELYRIA, OH</b>				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				4-27-06 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				(440)329-6102 Daytime Phone #	