
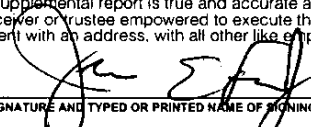


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90005 005 \*\*\*150.00

DOCUMENT # F97000005754			
1. Entity Name INVACARE FLORIDA CORPORATION			
Principal Place of Business 2101 EAST LAKE MARY BLVD SANFORD, FL 32773		Mailing Address 2101 EAST LAKE MARY BLVD SANFORD, FL 32773	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>ONE INVACARE WAY</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>ELYRIA, OH</i>	
Zip	Country	Zip <i>44035</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent  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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUCH, GERALD B	NAME	
STREET ADDRESS	ONE INVACARE WAY	STREET ADDRESS	
CITY-ST-ZIP	ELYRIA, OH 44036	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON III, A M	NAME	
STREET ADDRESS	ONE INVACARE WAY	STREET ADDRESS	
CITY-ST-ZIP	ELYRIA, OH 44036	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<i>TREASURER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, GREGORY C	NAME	
STREET ADDRESS	ONE INVACARE WAY	STREET ADDRESS	
CITY-ST-ZIP	ELYRIA, OH 44036	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, JEROME E JR	NAME	
STREET ADDRESS	ONE INVACARE WAY	STREET ADDRESS	
CITY-ST-ZIP	ELYRIA, OH 44036	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<i>SECRETARY</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>DALE C. LAPORTE</i>
STREET ADDRESS		STREET ADDRESS	<i>ONE INVACARE WAY</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>ELYRIA, OH 44035</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date: <i>4-30-07</i> Daytime Phone #: <i>440-329-6102</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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04262007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3446752 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required