

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005754

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: INVACARE FLORIDA CORPORATION

**Current Principal Place of Business:**

2101 EAST LAKE MARY BLVD  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INVACARE WAY  
ELYRIA, OH 44035

**New Mailing Address:**

FEI Number: 59-3446752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BLOUCH, GERALD B  
Address: ONE INVACARE WAY  
City-St-Zip: ELYRIA, OH 44036

Title: D ( ) Delete  
Name: MIXON III, A M  
Address: ONE INVACARE WAY  
City-St-Zip: ELYRIA, OH 44036

Title: T (X) Delete  
Name: THOMPSON, GREGORY C  
Address: ONE INVACARE WAY  
City-St-Zip: ELYRIA, OH 44036

Title: V ( ) Delete  
Name: FOX, JEROME E JR  
Address: ONE INVACARE WAY  
City-St-Zip: ELYRIA, OH 44036

Title: S ( ) Delete  
Name: LAPORTE, DALE C  
Address: ONE INVACARE WAY  
City-St-Zip: ELYRIA, OH 44035

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEROME E. FOX

V

04/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date