

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G93808

FILED  
Feb 13, 2012  
Secretary of State

**Entity Name:** BUTTERFIELD OXYGEN AND MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

1161 SOUTH U.S. #1  
FT. PIERCE, FL 34950 US

**New Principal Place of Business:**

**Current Mailing Address:**

1161 SOUTH U.S. #1  
FT. PIERCE, FL 34950 US

**New Mailing Address:**

114 QUEEN ELIZABETH CT  
FORT PIERCE, FL 34949

FEI Number: 59-2442591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WRIGHT, DAVID A  
1161 SOUTH U.S. #1  
FT. PIERCE, FL 34950 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: MR  
Name: WRIGHT, DAVID A  
Address: 1161 S US HIGHWAY 1  
City-St-Zip: FORT PIERCE, FL 34950

Title: VP  
Name: HARMODY, MIKE  
Address: 255 10TH AVENUE  
City-St-Zip: VERO BEACH, FL 32962

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: DAVID A WRIGHT

MR.

02/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date