


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90042 038 \*\*\*150.00

<b>DOCUMENT # H41886</b>	
1. Entity Name <b>SUNBELT MEDICAL SUPPLY, INC.</b>	

Principal Place of Business <b>20 CAPITAL DRIVE HILTON HEAD, SC 29926-2340 US</b>	Mailing Address <b>C/O CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>
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**40017512**

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



02022005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2507648</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILLON, JONATHAN M SUNBELT MEDICAL SUPPLY, INC-20 CAPITAL DR HILTON HEAD, SC 29926 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALTER, MATTHEW D SUNBELT MEDICAL SUPPLY, INC-P.O. BOX 300 GALLOWAY, OH 43119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sunbelt Medical Supply, Inc. P.O. Box 8023 Dublin, OH 43016-2023</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH, LINDEN P SUNBELT MEDICAL SUPPLY, INC-P.O. BOX 300 GALLOWAY, OH 43119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sunbelt Medical Supply, Inc. P.O. Box 8023 Dublin, OH 43016-2023</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARKSDALE, STACEY SUNBELT MEDICAL SUPPLY, INC-20 CAPITAL DR HILTON HEAD, SC 29926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Vice President James M. Whiteside Sunbelt Medical Supply, Inc., 20 Capital Dr P.O. Box 8023 Dublin, OH 43016-2023</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Treasurer Mark J. Dougherty Sunbelt Medical Supply, Inc. P.O. Box 8023 Dublin, OH 43016-2023</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Linden P. Joseph</i>	<b>Linden P. Joseph</b>	<b>2/2/05</b>	<b>614-760-5000</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>