

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68683

FILED
Feb 12, 2011
Secretary of State

Entity Name: RN HOME CARE MEDICAL EQUIPMENT COMPANY, INC.

Current Principal Place of Business:

2600 TECHNOLOGY DRIVE
SUITE 300
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 53-6576
ORLANDO, FL 328536576 US

New Mailing Address:

FEI Number: 59-2932598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: PD
Name: CARTER, PHILIP L
Address: 2600 TECHNOLOGY DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32804 US

Title: T
Name: ALSENE, STEVEN P
Address: 2600 TECHNOLOGY DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32804 US

Title: SD
Name: MYERS, REBECCA L
Address: 2600 TECHNOLOGY DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32804 US

Title: V
Name: DOBBS, MICHAEL R
Address: 2600 TECHNOLOGY DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32804 US

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: REBECCA L. MYERS

S

02/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date