


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K69600** (0)
1. Corporation Name
AMERICAN HOME OXYGEN AND HOSPITAL EQUIPMENT, INC



Principal Place of Business 420 AGMAC AVENUE JACKSONVILLE FL 32254 US	Mailing Address 420 AGMAC AVENUE JACKSONVILLE FL 32254 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/28/1989	
22		27		4. FEI Number 59-2935242	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		7. Name and Address of Current Registered Agent BIVENS, BURNEY 1543 KINGSLEY AVENUE SUITE 18-B ORANGE PARK FL 32073	
26		31		8. Name and Address of New Registered Agent	
27		32		9. Name and Address of New Registered Agent	
28		33		10. Name and Address of New Registered Agent	
29		34		11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	

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17. Name and Address of New Registered Agent		18. Name and Address of New Registered Agent	
19. Name and Address of New Registered Agent		20. Name and Address of New Registered Agent	
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95. Name and Address of New Registered Agent		96. Name and Address of New Registered Agent	
97. Name and Address of New Registered Agent		98. Name and Address of New Registered Agent	
99. Name and Address of New Registered Agent		100. Name and Address of New Registered Agent	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MCNATT, RICHARD H.	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1901 NORTH 1ST ST. SUITE 505	1. NAME	
STREET ADDRESS	JACKSONVILLE BCH FL	1. STREET ADDRESS	
CITY-ST-ZIP		1. CITY-ST-ZIP	
TITLE	D MCNATT, RONALD D.	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1755 LOQUAT LANE	2. NAME	
STREET ADDRESS	JACKSONVILLE FL	2. STREET ADDRESS	
CITY-ST-ZIP		2. CITY-ST-ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/19/98 904/181/11111111

CR2E034 (10/97)