2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012287

Apr 28, 2004 Secretary of State

Entity Name: FAMILY HOME MEDICAL EQUIPMENT & SUPPLIES LLC

Current Principal Place of Business: New Principal Place of Business:

2605 TAMIAMI TRAIL SUITE 10 PT. CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

2605 TAMIAMI TRAIL SUITE 10 PT. CHARLOTTE, FL 33952

FEI Number: 65-1044992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROSS, YVONNE ROSE, SIERRA D CFO
275 PORTO ALEGRE ST.
PUNTA GORDA, FL 33983 US PUNTA GORDA, FL 33983 US

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: SIERRA D ROSE 04/28/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition Name: Name:

 Name:
 ROSS, BURTON
 Name:

 Address:
 275 PORTO ALEGRE ST.
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33983
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 ROSS, YVONNE
 Name:
 ROSE, SIERRA D CFO

 Address:
 275 PORTO ALEGRE ST.
 Address:
 275 PORTO ALEGRE ST.

 City-St-Zip:
 PUNTA GORDA, FL 33983
 City-St-Zip:
 PUNTA GORDA, FL 33983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIERRA D ROSE CFO 04/28/2004