

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012287

FILED
Jun 29, 2005
Secretary of State

Entity Name: FAMILY HOME MEDICAL EQUIPMENT & SUPPLIES LLC

Current Principal Place of Business:

2605 TAMIAMI TRAIL SUITE 10
PT. CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2605 TAMIAMI TRAIL SUITE 10
PT. CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-1044992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROSE, SIERRA D CFO
275 PORTO ALEGRE ST.
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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSS, BURTON
Address: 275 PORTO ALEGRE ST.
City-St-Zip: PUNTA GORDA, FL 33983

Title: MGRM () Delete
Name: ROSE, SIERRA D CFO
Address: 275 PORTO ALEGRE ST.
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BURTON ROSS

OWNE

06/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date