

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000012287

FILED
Jan 20, 2003
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 ()

Name and Address of Current Registered Agent:

ROSS, YVONNE
275 PORTO ALEGRE ST.
PUNTA GORDA, FL 33983 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

MANAGING MEMBERS/MEMBERS:

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

Title: MGRM () Delete
Name: ROSS, YVONNE
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

MGRM

01/20/2003

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