

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000021265

FILED
May 02, 2002 8:00 AM
Secretary of State

Entity Name: HOME AGAIN OXYGEN & MOBILITY PRODUCTS, LLC

Current Principal Place of Business:

3440 RENAISSANCE BLVD
SUITE 6
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

3440 RENAISSANCE BLVD
SUITE 6
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 65-1157917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, DOUGLAS A ESQ
SIESKY PILON & WOOD
1000 TAMiami TRAIL NORTH, SUITE 201
NAPLES, FL 34102 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: MGR () Delete
Name: HEADLEY, RICHARD G
Address: 3805 FOWLER STREET, UNIT #C
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Delete
Name: HEADLEY, TERRI
Address: 3805 FOWLER STREET, UNIT #C
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HEADLEY, RICHARD G
Address: 24851 PENNYROYAL DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR (X) Change () Addition
Name: HEADLEY, TERRI L
Address: 24851 PENNYROYAL DR.
City-St-Zip: FORT MYERS, FL 34134

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: TERRI L. HEADLEY

MGR

05/02/2002

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