## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000021265

**Current Principal Place of Business:** 

Entity Name: HOME AGAIN OXYGEN & MOBILITY PRODUCTS, LLC

FILED Feb 20, 2008 Secretary of State

25091 BERNWOOD DRIVE **UNIT 8** BONITA SPRINGS, FL 34135 **Current Mailing Address: New Mailing Address:** 25091 BERNWOOD DRIVE UNIT 8 BONITA SPRINGS, FL 34135 FEI Number: 65-1157917 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: WOOD, DOUGLAS A ESQ PICKFORD, MARCIA A SIESKÝ PILON & WOOD 25091 BERNWOOD DRIVE, UNIT 8 1000 TAMIAMI TRAIL NORTH, SUITE 201 BONITA SPRINGS, FL 34135 NAPLES, FL 34102 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: MARCIA PICKFORD 02/20/2008 Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

**New Principal Place of Business:** 

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HEADLEY, RICHARD G
 Name:

 Address:
 24851 PENNYROYAL DR.
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Inte:
 MGR
 ( ) Delete
 Inte:

 Name:
 PICKFORD, MARCIA A
 Name:

 Address:
 24633 IVORY CANE DR., #203
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARCIA PICKFORD CFO 02/20/2008