

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77780

FILED
Feb 18, 2008
Secretary of State

Entity Name: LONGS' HOME MEDICAL SERVICES & EQUIPMENT, INC.

Current Principal Place of Business:

3801 HIGHWAY 19-A
SUITE 408
MOUNT DORA, FL 32757

New Principal Place of Business:

3801 N HIGHWAY 19-A
SUITE 408
MOUNT DORA, FL 32757

Current Mailing Address:

3801 HIGHWAY 19-A
SUITE 408
MOUNT DORA, FL 32757

New Mailing Address:

3801 N HIGHWAY 19-A
SUITE 408
MOUNT DORA, FL 32757

FEI Number: 59-3013630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLEN, DOTTIE C
3801 ST RD 19-A
SUITE 408
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

CULLEN, DOTTIE C
3801 N HIGHWAY 19-A
SUITE 408
MOUNT DORA, FL 32757 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:

02/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CULLEN, DOTIE C
Address: 3801 HIGHWAY 19-A, STE 408
City-St-Zip: MOUNT DORA, FL 32757

Title: T () Delete
Name: CARBAUGH, JEAN
Address: 3801 HWY 19-A STE 408
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: CULLEN, DOTTIE C
Address: 3801 N HIGHWAY 19-A, STE 408
City-St-Zip: MOUNT DORA, FL 32757

Title: T (X) Change () Addition
Name: CARBAUGH, JEAN
Address: 3801 N HIGHWAY 19A STE 408
City-St-Zip: MOUNT DORA, FL 32757

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOTTIE CULLEN

DPS

02/18/2008

Electronic Signature of Signing Officer or Director

Date