

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L77780

**FILED**  
**Aug 05, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: DOTTIE C CULLEN

CEO

08/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date