

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000000567

FILED
Mar 21, 2012
Secretary of State

Entity Name: IN HOME MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

13949 ALVAREZ ROAD, SUITE 102
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26999
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 26-1209402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELKIN, MICHAEL
13949 ALVAREZ ROAD, SUITE 102
JACKSONVILLE, FL 32218 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/MANAGERS:

Title: MGRM
Name: LAVELLE, TODD
Address: 13949 ALVAREZ ROAD, SUITE 102
City-St-Zip: JACKSONVILLE, FL 32218

I hereby 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: MIKE ELKIN

CFO

03/21/2012

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