

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90030 040 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M66643

Corporation Name
DOCTORS CHOICE HOME MEDICAL EQUIPMENT OF LARGO, INC.



Principal Place of Business
 71 ROOSEVELT BLVD
 CLEARWATER FL 34620

Mailing Address
 15371 ROOSEVELT BLVD
 #100
 CLEARWATER FL 34620
 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
71 ROOSEVELT BLVD	15371 ROOSEVELT BLVD #100 CLEARWATER FL 34620 US	02/02/1988	59-2870762	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
		<input checked="" type="checkbox"/> 8.75	<input type="checkbox"/>	
City & State	City & State	7. This corporation owes the current year Intangible Personal Property Tax.	8. This corporation owes the current year Intangible Personal Property Tax.	\$5.00 May Be Added to Fees
33760 TX	Beaumont, TX	<input type="checkbox"/>	<input type="checkbox"/>	
Zip Country	Zip Country	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
33760 USA	77701 USA	DORICH, NICHOLAS 860 PINELLAS BAY WAY TIERRA VERDE FL 33715	CT Corporation System 1200 South Pine Island Road Plantation FL 33326	

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information furnished on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

4/30/99 409/833-4261

CR2FC:3d (1/1991)