

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90147 007 \*\*\*150.00

**DOCUMENT # M66643**

1. Entity Name  
**DOCTORS CHOICE HOME MEDICAL EQUIPMENT OF LARGO,**

Principal Place of Business <b>15371 ROOSEVELT BLVD                  #100                  CLEARWATER FL 34620                  US</b>	Mailing Address <b>2155 IH-10 EAST                  BEAUMONT TX 77701                  US</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>Suite 100</b>	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip <b>33760</b>	Country	Zip	Country	4. FEI Number <b>59-2870762</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 S PINE ISLAND RD                  FORT LAUDERDALE FL 33326</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEO <b>TODD, CHRISTOPHER</b>	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS	<b>650 THOMAS RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BEAUMONT TX 77706</b>			CITY-ST-ZIP			
TITLE	PCDO <b>CRISMAN, GENE</b>	<input type="checkbox"/> Delete		TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS	<b>970 N 21ST ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BEAUMONT TX 77706</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE: *Eugene Humphrey* **Eugene Humphrey** 4-4-01 (409)833-4261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #

CR2E034 (10/00)