2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# N03000002365

Entity Name: ASSOCIATION OF HOME MEDICAL EQUIPMENT SERVICES, INC.

Current Principal Place of Business:

2131 HOLLYWOOD BLVD
104
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2131 HOLLYWOOD BLVD
104
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 74-3118538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LICHTENSTEIN, ROBERT
2131 HOLLYWOOD BLVD
#104
HOLLYWOOD, FL 33020 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: P ( ) Delete
Name: LICHTENSTEIN, ROBERT
Address: 2131 HOLLYWOOD BLVD #104
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LICHTENSTEIN PRES 03/11/2005

Electronic Signature of Signing Officer or Director — Date