

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000010947

1. Entity Name  
E.M. HOME MEDICAL EQUIPMENT, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 16 PM 1:39

Principal Place of Business  
1784 WEST FLAGLER STREET  
20  
MIAMI, FL 33135

Mailing Address  
1784 WEST FLAGLER STREET  
20  
MIAMI, FL 33135

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.  
STE: 10  
City & State

Suite, Apt. #, etc.  
STE: 21  
City & State

03152005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0977553

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLA, PORFIRIO  
4691 NW 9 ST. #A-105  
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME MILLA, ENRIQUE  
STREET ADDRESS 1784 W. FLAGLER ST., STE 10  
CITY-ST-ZIP MIAMI, FL 33135

TITLE D ☐ Delete  
NAME MILLA, ENRIQUE  
STREET ADDRESS 1784 W. FLAGLER ST., STE 10  
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #