


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000083596		
1. Entity Name AT HOME MEDICAL EQUIPMENT, INC.		
Principal Place of Business 5681 SARA AVE SARASOTA, FL 34233		Mailing Address 5681 SARA AVE SARASOTA, FL 34233
DO NOT WRITE IN THIS SPACE		
		06042004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-1037631		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KELLY, PAMELA M 4034 GREEN POINT CT. SARASOTA, FL 34233		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000162374 06/10/04-80001-016 550.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS KELLY, PAMELA M 5681 SARA AVE SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KELLY, WILLIAM 4034 GREEN PT CT. SR SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		6/4/04 Date Daytime Phone # _____