

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90239 008 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0000083596</b> 1. Entity Name <b>AT HOME MEDICAL EQUIPMENT, INC.</b>				 <div style="position: absolute; top: -20px; left: 0;">✓</div>		<b>20034143</b>	
Principal Place of Business 5681 SARA AVE SARASOTA, FL 34233				Mailing Address 5681 SARA AVE SARASOTA, FL 34233			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-1037631</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A.</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name: <b>Pamela M. Kelly</b> Street Address (P.O. Box Number is Not Acceptable): <b>4034 GREEN POINT CT</b> City: <b>SARASOTA</b> FL <b>34233</b>			
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: <i>Pamela M. Kelly</i> <small>Signature, typed or printed name of registered agent and title, as applicable.</small>				Pres. <i>Pamela M. Kelly</i> 4/24/03 <small>(NOTE: Registered Agent Signature required when submitting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS KELLY, PAMELA M 5681 SARA AVE SARASOTA, FL 34233			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Pamela M. Kelly</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Pres. <i>Pamela M. Kelly</i> 4/24/03 (941) 922-1626 <small>Daytime Phone #</small>			

CR2E034 (10/02)