

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90057 024 ***550.00

DOCUMENT # P01000049121 1. Entity Name ALLIANCE OXYGEN & MEDICAL EQUIPMENT, INC.					
Principal Place of Business 4553 MARIOTTI COURT, SUITE 104 SARASOTA, FL 34233			Mailing Address 4553 MARIOTTI COURT, SUITE 104 SARASOTA, FL 34233		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1104495	
5. Certificate of Status Desired <input type="checkbox"/>				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 CHRISTENSEN, STUART 4553 MARIOTT COURT SUITE 104 SARASOTA, FL 34233			7. Name and Address of Now 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 <i>Stuart Olsen</i> (NOTE: Registered Agent's signature required when reinstating) DATE 6/18/2003					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 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 DPVC <input type="checkbox"/> Delete NAME CHRISTENSEN, STUART C STREET ADDRESS 4553 MARIOTTI COURT, SUITE 104 CITY-ST-ZIP SARASOTA, FL 34233			TITLE DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T <input checked="" type="checkbox"/> Delete NAME CHRISTENSEN, STUART C STREET ADDRESS 4553 MARIOTTI COURT, SUITE 104 CITY-ST-ZIP SARASOTA, FL 34233			TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Beach, TIMOTHY STREET ADDRESS 4553 MARIOTTI COURT, STE 104 CITY-ST-ZIP SARASOTA, FL 34233		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Stuart Olsen</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 6/18/03 Daytime Phone # 941-926-8090		

CR2E034 (10/02)