

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054437

FILED
Apr 07, 2005
Secretary of State

Entity Name: THE HOME MEDICAL EQUIPMENT COMPANY OF SOUTH FLORIDA

Current Principal Place of Business:

311 ALTAMONTE COMMERCE BLVD.
SUITE 1606
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

2455 S US HWY 1792
SECOND FLOOR
LONGWOOD, FL 32750

Current Mailing Address:

311 ALTAMONTE COMMERCE BLVD.
SUITE 1606
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

2455 S US HWY 1792
SECOND FLOOR
LONGWOOD, FL 32750

FEI Number: 03-0441247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRERA, EDWARD
15757 SW 99TH TERRACE
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

OZKAN, TANYA
7916 SOUTH PARK PLACE
ORLANDO, FL 32819 US

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: TANYA OZKAN

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CABRERA, EDWARD
Address: 15757 SW 99TH TERRACE
City-St-Zip: MIAMI, FL 33196

Title: D (X) Delete
Name: OZKAN, TANYA C
Address: 7916 SOUTH PARK PLACE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OZKAN, TANYA C
Address: 7916 SOUTH PARK PLACE
City-St-Zip: ORLANDO, FL 32819

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANYA OZKAN

P

04/07/2005

Electronic Signature of Signing Officer or Director

Date