

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054437

FILED
May 01, 2006
Secretary of State

Entity Name: THE HOME MEDICAL EQUIPMENT COMPANY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2455 S US HWY 1792
SECOND FLOOR
LONGWOOD, FL 32750

New Principal Place of Business:

6100 HANGING MOSS ROAD
SUITE 540
ORLANDO, FL 32807

Current Mailing Address:

2455 S US HWY 1792
SECOND FLOOR
LONGWOOD, FL 32750

New Mailing Address:

6100 HANGING MOSS ROAD
SUITE 540
ORLANDO, FL 32807

FEI Number: 03-0441247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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

05/01/2006

Electronic Signature of Signing Officer or Director

Date