2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P02000075255

Entity Name: SUNRISE MEDICAL EQUIPMENT & OXYGEN, INC.

Current Principal Place of Business:

4700 NORTH HIATUS ROAD
SUITE# 152-A
SUNRISE, FL 33351

New Principal Place of Business:

10155 NW 46TH STREET
SUNRISE, FL 33351

Current Mailing Address:

4700 NORTH HIATUS ROAD
SUITE# 152-A
SUNRISE, FL 33351

New Mailing Address:

10155 NW 46TH STREET
SUNRISE, FL 33351

FEI Number: 03-0474058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH,HENRY,MCGUIRE & ASSOCIATES, INC.
4330 W BROWARD BLVD STE P
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

CAMPBELL, BROWN, JACQUELINE E
3189 SW FAMBROUGH STREET
PORT ST LUCIE, FL 34953 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: WALTER P. CAMPBELL 04/29/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CAMPBELL, WALTER P
Address: 5900 NW 44TH STREET
City-St-Zip: LAUDERHILL, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: WALTER P. CAMPBELL CEO 04/29/2011
Electronic Signature of Signing Officer or Director Date