

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000009004

FILED
Apr 22, 2005
Secretary of State

Entity Name: ESSENTIAL HOMECARE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

1201 WINTER GARDEN-VINELAND RD.
SUITE 4B
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

1201 WINTER GARDEN-VINELAND RD.
SUITE 4B
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 61-1448020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGE, MIKAEL P
1201 WINTER GARDEN-VINELAND RD.
SUITE 4B
WINTER GARDEN, FL 34787 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HURST, JOY L
Address: 1201 WINTER GARDEN-VINELAND RD. SUITE 4B
City-St-Zip: WINTER GARDEN, FL 34787

Title: SECR () Delete
Name: SANTOS, BLANCA I SECRETA
Address: 45 12 BARRISTER DR
City-St-Zip: CLERMONT, FL 34711

Title: TREA () Delete
Name: EINO, TASHA L TREASUR
Address: 45 12 BARRISTER DR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PAGE, MIKAEL P
Address: 1201 WINTER GARDEN-VINELAND RD. SUITE 4B
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TASHA EINO

Electronic Signature of Signing Officer or Director

TREA

04/22/2005

Date