2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 09, 2009
Secretary of State

DOCUMENT# P04000162851

Entity Name: COMMUNITY OXYGEN & MEDICAL, INC.

Current Principal Place of Business:

200 TOMPKINS ST
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

200 TOMPKINS ST
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 11-3741451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOVACH, JR, MICHAEL T
151 E. HIGHLAND BLVD SUITE 161
INVERNESS, FL 34452 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: VPS ( ) Delete
Name: GROW, MONTY R.
Address: 1679 SEABREEZE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PT (X) Delete
Name: HOLDER, LAURENE A.
Address: 1415 S. HILLOCK TERRACE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: HOLDER, LAURENE A
Address: 1415 S. HILLOCK TERRACE
City-St-Zip: INVERNESS, FL 34452

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

I hereby certify that the information supplied with this filing does not qualify 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: LAURENE HOLDER PT 09/09/2009

Electronic Signature of Signing Officer or Director — Date