

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000060024

1. Entity Name  
GULF COAST HOME MEDICAL EQUIPMENT, INC



Principal Place of Business  
2226 HIGHWAY 44 WEST  
INVERNESS, FL 34453

Mailing Address  
BOX 444  
INVERNESS, FL 34451



05112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3913764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

ARTHUR, MICHAEL J  
2226 HIGHWAY 44 WEST  
INVERNESS, FL 34453

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-07

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ARTHUR, MICHAEL J
STREET ADDRESS	2226 HIGHWAY 44 WEST
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	ST
NAME	ARTHUR, MICHAEL J
STREET ADDRESS	2226 HIGHWAY 44 WEST
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000764005  
05/30/07-80038-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-07