

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037862

FILED
Aug 22, 2007
Secretary of State

Entity Name: FSC HOME MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

6520 NW 114TH AVE., APT. 1635
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

6520 NW 114TH AVE., APT. 1635
DORAL, FL 33178

New Mailing Address:

1053 NW 135CT
MIAMI, FL 33182

FEI Number: 20-4497176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, EDGA I.
6520 NW 114TH AVE., APT. 1635
DORAL, FL 33178 US

Name and Address of New Registered Agent:

PEREZ, EDGA I.
1053 NW 135CT
MIAMI, FL 33182 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:

08/22/2007

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: PD () Delete
Name: PEREZ, EDGA I.
Address: 6520 NW 114TH AVE., APT. 1635
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ, EDGA I.
Address: 1053 NW 135CT
City-St-Zip: MIAMI, FL 33182

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: EDGA I PEREZ

P

08/22/2007

Electronic Signature of Signing Officer or Director

Date