2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# P06000060120

Entity Name: HOME MEDICAL VISITS, INC.

Current Principal Place of Business:

1212 S. HIGHLAND AVENUE
SUITE 5
CLEARWATER, FL 33756 US

New Principal Place of Business:

1212 S. HIGHLAND AVENUE
CLEARWATER, FL 33756 US

Current Mailing Address:

1212 S. HIGHLAND AVENUE
SUITE 5
CLEARWATER, FL 33756 US

New Mailing Address:

1212 S. HIGHLAND AVENUE
CLEARWATER, FL 33756 US

FEI Number: 20-4773521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERMAN, MARGERY J
1212 S. HIGHLAND AVENUE
SUITE 5
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

CROXTON, ANTHONY O OWNER
969 OAKVIEW ROAD
TARPON SPRINGS, FL 34689 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: ANTHONY CROXTON 01/25/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: SHERMAN, MARGERY J OWNER
Address: 1212 S. HIGHLAND AVENUE SUITE #5
City-St-Zip: CLEARWATER, FL 33756 US

Title: VP ( ) Delete
Name: CROXTON, ANTHONY O OWNER
Address: 1212 S. HIGHLAND AVENUE SUITE#5
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CROXTON, ANTHONY O
Address: 1212 S. HIGHLAND AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

Title: VP (X) Change ( ) Addition
Name: SHERMAN, MARGERY J
Address: 1212 S. HIGHLAND AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

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: ANTHONY CROXTON PRES 01/25/2009
Electronic Signature of Signing Officer or Director Date