

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108086

Entity Name: AF HOME MEDICAL, INC.

FILED  
Jul 02, 2007  
Secretary of State

## Current Principal Place of Business:

1677 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33162

## New Principal Place of Business:

16850 COLLINS AVE  
SUITE 113F  
SUNNY ISLES BEACH, FL 33160

## Current Mailing Address:

1677 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33162

## New Mailing Address:

16850 COLLINS AVE  
SUITE 113F  
SUNNY ISLES BEACH, FL 33160

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRUZHININ, ALLA  
1677 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

PRUZHININ, ALLA  
16850 COLLINS AVE  
SUITE 113F  
SUNNY ISLES BEACH, FL 33160 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:

07/02/2007

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: PT ( ) Delete  
Name: TOVALINO, FRANK  
Address: 1677 NE 163RD STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VS ( ) Delete  
Name: PRUZHININ, ALLA  
Address: 1677 NE 163RD STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: TOVALINO, FRANK  
Address: 16850 COLLINS AVE SUITE 113F  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VS (X) Change ( ) Addition  
Name: PRUZHININ, ALLA  
Address: 16850 COLLINS AVE SUITE 113F  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: ALLA PRUZHININ

VS

07/02/2007

Electronic Signature of Signing Officer or Director

Date