

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073965

FILED
Aug 06, 2009
Secretary of State

Entity Name: PONCE HOME MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

1100 PLANTATION ISLAND DR, 104
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

1100 PLANTATION ISLAND DR, 140
ST. AUGUSTINE, FL 32080

Current Mailing Address:

1100 PLANTATION ISLAND DR, 104
ST. AUGUSTINE, FL 32080

New Mailing Address:

1100 PLANTATION ISLAND DR, 140
ST. AUGUSTINE, FL 32080

FEI Number: 26-0428777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRESGE, KENNETH
1200 PLANTATION ISLAND DR, SOUTH
SUITE 230
ST. AUGUSTINE, FL 32080 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

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: DP () Delete
Name: PONCE, BETTY
Address: 665 STATE ROAD 207, SUITE 108
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PONCE, BETTY
Address: 1100 PLANTATION ISLAND DRIVE STE 140
City-St-Zip: ST. AUGUSTINE, FL 32080

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: BETTY PONCE

DP

08/06/2009

Electronic Signature of Signing Officer or Director

Date