2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# P07000111079

Entity Name: ESSENTIAL HOME MEDICAL PRODUCTS, INC.

Current Principal Place of Business:

4942 N. MELROSE AVE.
TAMPA, FL 33629

New Principal Place of Business:

4019 W. KENNEDY BLVD.
TAMPA, FL 33609

Current Mailing Address:

4942 N. MELROSE AVE.
TAMPA, FL 33629

New Mailing Address:

4019 W. KENNEDY BLVD.
TAMPA, FL 33609

FEI Number: 26-1201741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAHAL, LAURA A
4942 N.MELROSE AVE.
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

CHAHAL, LAURA A
4019 W. KENNEDY BLVD.
TAMPA, FL 33609 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: LAURA CHAHAL 07/09/2008
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: P ( ) Delete
Name: CHAHAL, STEVE S
Address: 4942 N. MELROSE AVE
City-St-Zip: TAMPA, FL 33629 US

Title: VP ( ) Delete
Name: CHAHAL, LAURA A
Address: 4942 N, MELROSE
City-St-Zip: TAMPA, FL 33629 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CHAHAL, LAURA A
Address: 4942 N. MELROSE AVE
City-St-Zip: TAMPA, FL 33629 US

Title: VP (X) Change ( ) Addition
Name: CHAHAL, STEPHEN S
Address: 4942 N, MELROSE
City-St-Zip: TAMPA, FL 33629 FL

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: LAURA CHAHAL PRES 07/09/2008
Electronic Signature of Signing Officer or Director Date