

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000003975

FILED  
Mar 28, 2012  
Secretary of State

**Entity Name:** CARE HOME MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

1435 HOWELL BRANCH ROAD  
SUITE F  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1435 HOWELL BRANCH ROAD  
SUITE F  
WINTER PARK, FL 32789

**New Mailing Address:**

15473 SONORA DR.  
SPRING HILL, FL 34604

**FEI Number:** 26-4032583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TAULBEE, DAVID W  
1854 WALKER AVE.  
WINTER PARK, FL 32789 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TAULBEE, DAVID W  
Address: 1854 WALKER AVE.  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: DAVID W. TAULBEE

PRES

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date