2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004
Secretary of State

DOCUMENT# P92000011684

Entity Name: COAST HOME MEDICAL, INC.

Current Principal Place of Business:

3314 HARBOR BLVD
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

3314 HARBOR BLVD
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 65-0375084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VETTER, LARRY C
19481 DEVONWOOD CIR
FT MYERS, FL 33912

Name and Address of New Registered Agent:

VETTER, LARRY C
13641 HICKORY RUN LANE
FT MYERS, FL 33912

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: LARRY C VETTER 03/22/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VETTER, LARRY C
Address: 19481 DEVONWOOD CIR
City-St-Zip: FT MYERS, FL

Title: D ( ) Delete
Name: HINES, CHARLES D
Address: 207 LOUELLA LN
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete
Name: HAGAN, KEVIN P
Address: 560 FALLBROOK DR
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY C VETTER D 03/22/2004
Electronic Signature of Signing Officer or Director Date