

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048455

FILED
Mar 22, 2006
Secretary of State

Entity Name: FLORIDA HOME HEALTH EQUIPMENT AND SUPPLIES, INC.

Current Principal Place of Business:

4378 LB MCLEOD RD
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

4378 LB MCLEOD RD
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 65-0514269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RANDAZZO, DONNA
4378 LB MCLEOD RD
ORLANDO, FL 32811 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RANDAZZO, FARO
Address: 10013 HIGHLAND WOODS CT.
City-St-Zip: ORLANDO, FL 328365935

Title: DVST () Delete
Name: RANDAZZO, DONNA M
Address: 10013 HIGHLAND WOODS CT.
City-St-Zip: ORLANDO, FL 328365935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: RANDAZZO, DONNA M
Address: 10013 HIGHLAND WOODS CT.
City-St-Zip: ORLANDO, FL 328365935

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA RANDAZZO

VP

03/22/2006

Electronic Signature of Signing Officer or Director

_____ Date