## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000092114

Entity Name: HOME HEALTH EQUIPMENT SERVICES, INC.

FILED Mar 22, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

1113 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957 US

Current Mailing Address: New Mailing Address:

7897 SW JACK JAMES DR SRE C STUART, FL 34997 US

FEI Number: 65-0532625 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NASON, YEAGER, GERSON, WHITE, LIOCE, PA 343 ALMERIA AVE. CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: OWNE (X) Change ( ) Addition

Name: HOPEK, MARTIN J Name: HOPEK, MARTIN J

Address: 1927 NE SAN CARLOS CALLE Address: 1927 NE SAN CARLOS CALLE City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957

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: MARTIN HOPEK OWNE 03/22/2004