

<b>DOCUMENT # P95000029061</b>			
1. Entity Name <b>PINELLAS HOME MEDICAL, INC.</b>			
Principal Place of Business <b>6669 PINEVIEW TERRACE BRADENTON FL 34203</b>		Mailing Address <b>6669 PINEVIEW TERRACE BRADENTON FL 34203-8849</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<b>FARBER, ERIN 6669 PINEVIEW TERRACE BRADENTON FL 34203</b>			Name
			Street Address (If different from above)
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>	
11. OFFICERS AND DIRECTORS.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS FARBER, ERIN 6669 PINEVIEW TERRACE BRADENTON FL 34203</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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12.			
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, Chapter 607, which provides that the information required by this report shall have the same effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, had changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Erin Farber</u> <b>Erin Farber</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE