

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024358

FILED
Apr 25, 2004
Secretary of State

Entity Name: PREMIER HOME MEDICAL, INC.

Current Principal Place of Business:

406 N INDIANA AVENUE
SUITE 5
ENGLEWOOD, FL

New Principal Place of Business:

406 N INDIANA AVENUE
SUITE 5
ENGLEWOOD, FL 34223 US

Current Mailing Address:

406 N INDIANA AVENUE
SUITE 5
ENGLEWOOD, FL

New Mailing Address:

406 N INDIANA AVENUE
SUITE 5
ENGLEWOOD, FL 34223 US

FEI Number: 65-0766156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUHAMID, N. DEAN
404 MAGGIORE ROAD
VENICE, FL 34285 US

Name and Address of New Registered Agent:

BOUHAMID, N. DEAN
512 BAYSIDE WAY
NOKOMIS, FL 34275 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: N. DEAN BOUHAMID

04/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOUHMAID, N D
Address: 512 BAYSIDE WAY
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOUHAMID, NOURDINE D PRESIDE
Address: 512 BAYSIDE WAY
City-St-Zip: NOKOMIS, FL 34275

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: N. DEAN BOUHAMID

PRES

04/25/2004

Electronic Signature of Signing Officer or Director

Date