

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046782

FILED  
Jan 10, 2004  
Secretary of State

Entity Name: CYPRESS HOME MEDICAL, INC.

## Current Principal Place of Business:

11341 LINBERGH BLVD  
FORT MYERS, FL 33913

## New Principal Place of Business:

## Current Mailing Address:

11341 LINBERGH BLVD  
FORT MYERS, FL 33913

## New Mailing Address:

FEI Number: 65-0756463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAILEY, RAY  
11341 LINDBERGH BLVD  
FORT MYERS, FL 33913

## Name and Address of New Registered Agent:

BAILEY, RAY PRES  
11341 LINDBERGH BLVD  
FORT MYERS, FL 33913

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: RAY BAILEY

01/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: BAILEY, RAY  
Address: 11341 LINDBERGH BLVD  
City-St-Zip: FORT MYERS, FL 33913

Title: D ( ) Delete  
Name: PARNES, MARC  
Address: 10101 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: D (X) Delete  
Name: DANIS, C DAVID  
Address: 16725 SW 82ND COURT  
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: PARNES, MARC  
Address: 15620 SW 74TH AVENUE  
City-St-Zip: MIAMI, FL 33157

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

Title: D ( ) Change (X) Addition  
Name: OWENS, BRIAN COO/CFO  
Address: 13300-56 S. CLEVELAND AVE. PMB 236  
City-St-Zip: FORT MYERS, FL 33907

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: RAY BAILEY

PRES

01/10/2004

Electronic Signature of Signing Officer or Director

Date