

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046782

FILED
Aug 17, 2006
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 PRES
11341 LINDBERGH BLVD
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: JOSEPH BONACCORSI 08/17/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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: 15620 SW 74TH AVENUE
City-St-Zip: MIAMI, FL 33157

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RAI, RAJAT CEO/PRE
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

Title: SEC (X) Change () Addition
Name: BONACCORSI, JOSEPH P SEC
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

Title: D (X) Change () Addition
Name: MASTRAPA, PAUL TREA
Address: 485 HALF DAY ROAD, SUITE
City-St-Zip: BUFFALO GROVE, IL 6089

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: JOSEPH P BONACCORSI SEC 08/17/2006
Electronic Signature of Signing Officer or Director Date