

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047957

FILED  
Apr 19, 2007  
Secretary of State

**Entity Name:** A SENSIBLE SOLUTION DURABLE MEDICAL EQUIPMENT CORPORATION

**Current Principal Place of Business:**

4119 GUNN HIGHWAY  
STE 22  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 15461  
TAMPA, FL 33684 US

**New Mailing Address:**

**FEI Number:** 59-3451004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PLATTEIS, GARY S  
POST OFFICE BOX 15461  
TAMPA, FL 33684 US

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

PLATTEIS, GARY S  
4119 GUNN HIGHWAY  
SUITE 22  
TAMPA, FL 33618 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: GARY S PLATTEIS

04/19/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: PLATTEIS, GARY S  
Address: POST OFFICE BOX 15461  
City-St-Zip: TAMPA, FL 33684 US

Title: T ( ) Delete  
Name: PLATTEIS, JACOB D  
Address: POST OFFICE BOX 15461  
City-St-Zip: TAMPA, FL 33684 US

Title: ST ( ) Delete  
Name: PLATTEIS, JENNIE  
Address: POST OFFICE BOX 15461  
City-St-Zip: TAMPA, FL 33684 US

Title: V ( ) Delete  
Name: PLATTEIS, PATRICE S  
Address: POST OFFICE BOX 15461  
City-St-Zip: TAMPA, FL 33684 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: PLATTEIS, GARY S  
Address: POST OFFICE BOX 15461  
City-St-Zip: TAMPA, FL 33684 US

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

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

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: GARY S PLATTEIS

PTD

04/19/2007

Electronic Signature of Signing Officer or Director

Date