2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# P97000047957

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:

1 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

POST OFFICE BOX 876
TARPON SPRINGS, FL 34688 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
4119 GUNN HIGHWAY
SUITE 22
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

PLATTEIS, GARY S
1 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 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: _____ 02/13/2009
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 876
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: T ( ) Delete
Name: PLATTEIS, GARY S
Address: POST OFFICE BOX 876
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: ST (X) Delete
Name: PLATTEIS, JENNIE
Address: POST OFFICE BOX 876
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: V (X) Delete
Name: PLATTEIS, PATRICE S
Address: POST OFFICE BOX 876
City-St-Zip: TARPON SPRINGS, FL 34688 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: PLATTEIS, JENNIE
Address: POST OFFICE BOX 876
City-St-Zip: TARPON SPRINGS, FL 34688 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 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 02/13/2009
Electronic Signature of Signing Officer or Director — Date