2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000057612

Entity Name: TRUST HOME MEDICAL EQUIPMENT AND SUPPLY, INC.

FILED Feb 01, 2006 Secretary of State

Current Principal Place of Business:	New Prince	cipal Place of Business:	
8720 SW HIGHWAY 200			
10 OCALA, FL 34481			
Current Mailing Address:	New Mail	ing Address:	
8720 SW HIGHWAY 200			
10 OCALA, FL 34481			
FEI Number: 59-3456334 FEI Number Applied	For () FEI Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered	Agent: Name and	Address of New Registered Agent:	
THORNTON, JEANNE THORNTON, JEANNE M P			
6185 SE 46 AVE RD		6185 SE 46 AVE RD	
OCALA, FL 34480 US OCALA, FL 34480 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: JEANNE M. THORNTON		02/01/2006	
Electronic Signature of Regi	stered Agent	Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: P () Delete	Title:	() Change () Addition	
Name: THORNTON, JEANNE M Address: 6185 SE 46 AVE RD	Name: Address:		
City-St-Zip: OCALA, FL 34480	City-St-Zip:		
Title: () Delete Name:	Title: Name:	VP () Change (X) Addition THORNTON, ANTHONY M	
Address:	Address:	8064 SW 108TH STREET	
City-St-Zip:	City-St-Zip:	OCALA, FL 34481	
Title: () Delete Name:	Title: Name:	SEC () Change (X) Addition LAUNDRY, CAROL R	
Address: City-St-Zip:	Address: City-St-Zip:	4620 SW 129TH PLACE OCALA, FL 34473	
Title: () Delete	Title:		
Name:	Name:	PIKE, TIMOTHY F	
Address: City-St-Zip:	Address: City-St-Zip:	4401 SW 152ND STREET OCALA, FL 34473	
Title: () Delete	Title:	DIR () Change (X) Addition	
Name: Address:	Name: Address:	THORNTON, ANTHONY M 8064 SW 108TH STREET	
City-St-Zip:	City-St-Zip:	OCALA, FL 34481	
Title: () Delete	Title:	DIR () Change (X) Addition	
Name: Address:	Name: Address:	THORNTON, ANTHONY J 7225 SUNSET AVE	
City-St-Zip:	City-St-Zip:	PANAMA CITY BEACH, FL 32408	

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: JEANNE M THORNTON P 02/01/2006