2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

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

Current Principal Place of Business:

9311 SW STATE RD. 200
BLDG. 2, UNIT 203
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

9311 SW STATE RD. 200
BLDG. 2, UNIT 203
OCALA, FL 34481

New Mailing Address:

FEI Number: 59-3456334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THORNTON, JEANNE M P
6185 SE 46 AVE RD
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: THORNTON, JEANNE M
Address: 6185 SE 46 AVE RD
City-St-Zip: OCALA, FL 34480

Title: VP
Name: THORNTON, ANTHONY M
Address: 6432 SW 148TH STREET
City-St-Zip: OCALA, FL 34473

Title: SEC
Name: THORNTON, JEANNE M
Address: 6185 SE 46 AVE. RD.
City-St-Zip: OCALA, FL 34480

Title: DIR
Name: PIKE, TIMOTHY F
Address: 123 MYRTLE AVE
City-St-Zip: CORTLAND, OH 44410

Title: DIR
Name: THORNTON, ANTHONY M
Address: 6432 SW 148TH STREET
City-St-Zip: OCALA, FL 34473

Title: DIR
Name: THORNTON, ANTHONY J
Address: 7225 SUNSET AVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby 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 all other like empowered.

SIGNATURE: JEANNE M THORNTON P 04/21/2011

Electronic Signature of Signing Officer or Director — Date