2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000064666

1. Entity Name
PATIENT CHOICE OXYGEN AND MEDICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
915 W. MAIN STREET TAVARES, FL 32778	P.O. BOX 560332 MONTVERDE, FL 34756-0332

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3520975	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOOTH, ANGELA
16828 OMEGA CT.
MONTVERDE, FL 32778

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000112329
04/14/04-80018-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOOTH, ANGELA
STREET ADDRESS	16828 OMEGA CT.
CITY-ST-ZIP	MONTVERDE, FL 34756

TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Angela Booth_   4-8-04   (352) 253-0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #