

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106225

FILED
Feb 28, 2007
Secretary of State

Entity Name: HOME MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

402 NORTHWOOD ROAD
WEST PALM BEACH, FL 33407

New Principal Place of Business:

1000 STINSON WAY
SUITE 102
WEST PALM BEACH, FL 33411

Current Mailing Address:

402 NORTHWOOD ROAD
WEST PALM BEACH, FL 33407

New Mailing Address:

1000 STINSON WAY
SUITE 102
WEST PALM BEACH, FL 33411

FEI Number: 65-0967980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESTER, PEGGY J
3635 NORTH MOUNTAIN DRIVE
W. PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

HESTER, PEGGY J
217 SOUTH M STREET
LAKE WORTH, FL 33460 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: PEGGY J. HESTER

02/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HESTER, PEGGY J
Address: 217 1/2 S M ST
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HESTER, PEGGY J
Address: 217 SOUTH M STREET
City-St-Zip: LAKE WORTH, FL 33460

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: PEGGY J. HESTER

MS.

02/28/2007

Electronic Signature of Signing Officer or Director

Date