

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K91930

Entity Name: DESLOGE HOME OXYGEN AND MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

2510 MICCOSUKEE RD.
SUITE 101
TALLAHASSEE, FL 32308

Current Mailing Address:

P O BOX 12835
TALLAHASSEE, FL 32317-2835 US

FEI Number: 59-2962517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DESLOGE, BRYAN
2510 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	S
Name	DESLOGE, BRYAN	Name	KRAMER, MICHAEL B
Address	2510 MICCOSUKEE RD.	Address	3661 LETITIA LANE
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32312

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: MICHAEL KRAMER

SECRETARY/ COO

01/07/2013

Electronic Signature of Signing Officer/Director Detail

Date