

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K91930

**FILED**  
**Jan 14, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

2510 MICCOSUKEE RD.  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 12835  
TALLAHASSEE, FL 323172835 US

**New Mailing Address:**

FEI Number: 59-2962517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DESLOGE, BRYAN  
2510 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DESLOGE, BRYAN  
Address: 2510 MICCOSUKEE RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete  
Name: KRAMER, MICHAEL B  
Address: 3661 LETITIA LANE  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL KRAMER

S

01/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date