

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K91930

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

**FILED**  
**Jan 07, 2013**  
**Secretary of State**  
**CC3739470918**

**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  
Name            DESLOGE, BRYAN  
Address        2510 MICCOSUKEE RD.  
City-State-Zip: TALLAHASSEE FL 32308

Title            S  
Name            KRAMER, MICHAEL B  
Address        3661 LETITIA LANE  
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