No. <b>C 199998</b>		Due no later than Oct 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.					
		ROSWELL HOME MEDICAL, INC.		5052 15 03703			
		VERONICA R. MADDOX 3600 VINELAND ROAD					
		SUITE 114 ORLANDO FL 32811		3. New Registered Agent Signature:*			
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Treasure	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
TREASURER	TIMOTHY C.	PIGG	3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811
SECRETARY	RETARY STEVEN B. BURRES		3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811
DIRECTOR	DIRECTOR TIMOTHY C. PIGG		3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811
DIRECTOR STEVEN B. BURRES		3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811	
PRESIDENT TIMOTHY C. PIGG		PIGG	3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811
5. Organized Under the I	laws of	6. Annual Report mu	ıst he sianed *				
3			Date: 09/20/2016				
FL C 199998		Signature: STEVE	Date: 08/30/2016				
		Name (type or pri	Title: SECRETARY				
Processed 08/30/2016 * Electronically provided signatures are accepted as original signatures.							