2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000003071

FILED May 01, 2002 8:00 AM Secretary of State

Entity Nan	ne: BEACON	RESPIRATORY SERVICES, I	NC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
SUITE 523	BINSON STRE), FL 32801	ET					
Current Mailing Address:			New Maili	New Mailing Address:			
1614 LAKE ORLANDO	SIDE DR), FL 3280315	08					
FEI Number:	lumber: 59-3641476 FEI Number Applied For() FE		FEI Number Not Appl	icable()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	BECCA SIDE DRIVE D, FL 32804	US					
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent,	or both,	
SIGNATUF	RE:						
	Electror	nic Signature of Registered Age	ent		Date		
		o satisfy its Intangible Tax filing requ g Trust Fund Contribution ().	uirement and elects to o	do so (X).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () IRISH, REBEC 1614 LAKESID ORLANDO, FL	E DRIVE	Title: Name: Address: City-St-Zip:	PDT (2 IRISH, REBEC 1614 LAKESII ORLANDO, FI	DE DRIVE		

() Delete POWERS, JESSICA M Name:

Address: 1021 ATKINS PLACE ORLANDO, FL 32804 City-St-Zip:

Title: () Delete

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

POWERS, RYAN T Name: Address: 1021 ATKINS PLACE ORLANDO, FL 32804 City-St-Zip:

Title: VPD () Change (X) Addition

WILBURN, BRIAN R Name: Address: 1471 E. CENTRAL BLVD City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REBECCA R. IRISH PDT 05/01/2002