## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000003071

WILBURN, BRIAN R

ORLANDO, FL 32801

1471 E. CENTRAL BLVD

Name:

Address:

City-St-Zip:

Entity Name: BEACON RESPIRATORY SERVICES, INC.

FILED Apr 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 605 E ROBINSON STREET SUITE 523 ORLANDO, FL 32801 **New Mailing Address: Current Mailing Address:** 1614 LAKESIDE DR ORLANDO, FL 328031508 FEI Number: 59-3641476 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IRISH, REBECCA 1614 LAKESIDE DRIVE ORLANDO, FL 32804 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDT ( ) Delete Title: () Change () Addition Name: IRISH, REBECCA R Name: 1614 LAKESIDE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 328031508 City-St-Zip: Title: **VPDS** Title: () Delete () Change () Addition Name: POWERS RYAN T Name: 4460 OAKDALE RD Address: Address: City-St-Zip: SMYRNA, GA 30080 City-St-Zip: VPD Title: Title: ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: REBECCA R. IRISH PRES 04/30/2004