2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005
Secretary of State

DOCUMENT# F00000003071

Entity Name: BEACON RESPIRATORY SERVICES, INC.

Current Principal Place of Business:

605 E ROBINSON STREET
SUITE 523
ORLANDO, FL 32801

New Principal Place of Business:

13850 TREELINE AVENUE SOUTH
UNIT 1
FORT MYERS, FL 33913

Current Mailing Address:

1614 LAKESIDE DR
ORLANDO, FL 328031508

New Mailing Address:

550 N. BUMBY AVE.
SUITE 215
ORLANDO, FL 32803 US

FEI Number: 59-3641476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRISH, REBECCA
1614 LAKESIDE DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

IRISH, REBECCA
1614 LAKESIDE DRIVE
ORLANDO, FL 328031508 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: 06/01/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: IRISH, REBECCA R
Address: 1614 LAKESIDE DRIVE
City-St-Zip: ORLANDO, FL 328031508

Title: VPDS (X) Delete
Name: POWERS, RYAN T
Address: 4460 OAKDALE RD
City-St-Zip: SMYRNA, GA 30080

Title: VPD (X) Delete
Name: WILBURN, BRIAN R
Address: 1471 E. CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change ( ) Addition
Name: IRISH, REBECCA R
Address: 1614 LAKESIDE DRIVE
City-St-Zip: ORLANDO, FL 328031508 US

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 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 PDTS 06/01/2005
Electronic Signature of Signing Officer or Director — Date