2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007
Secretary of State

DOCUMENT# F00000003071

Entity Name: BEACON RESPIRATORY SERVICES, INC.

Current Principal Place of Business:

13850 TREELINE AVENUE SOUTH
UNIT 1
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

26777 CENTRAL PARK BLVD.
SUITE 200
SOUTHFIELD, MI 48076 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 R
550 N. BUMBY AVENUE, SUITE 215
ORLANDO, FL 328031508 US

Name and Address of New Registered Agent:

MOUNCE, SHERRI
13850 TREELINE AVENUE SOUTH
U NIT 1
FT. MYERS, FL 33913 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: SHERRI MOUNCE 07/25/2007
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: PD ( ) Delete
Name: KUHNERT, LAWRENCE R
Address: 405 5TH AVENUE SOUTH, SUITE 6
City-St-Zip: NAPLES, FL 34102 US

Title: SCFO ( ) Delete
Name: IRISH, REBECCA R
Address: 550 N. BUMBY AVENUE, SUITE 215
City-St-Zip: ORLANDO, FL 32803

Title: CCEO (X) Delete
Name: ELLIOTT, JOHN E II
Address: 405 5TH AVENUE SOUTH, SUITE 6
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RICHARDSON, MARVIN
Address: 405 5TH AVENUE SOUTH, SUITE 6
City-St-Zip: NAPLES, FL 34102 US

Title: SCFO (X) Change ( ) Addition
Name: FETTERMAN, LYNN
Address: 405 5TH AVENUE SOUTH, SUITE 6
City-St-Zip: NAPLES, FL 34102 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LYNN FETTERMAN SCFO 07/25/2007
Electronic Signature of Signing Officer or Director Date