

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90124 032 ***150.00

DOCUMENT # F00000003071 1. Entity Name BEACON RESPIRATORY SERVICES, INC.					
Principal Place of Business 13850 TREELINE AVENUE SOUTH UNIT 1 FORT MYERS, FL 33913			Mailing Address 26777 CENTRAL PARK BLVD. SUITE 200 SOUTHFIELD, MI 48076 US		
2. Principal Place of Business - No P.O. Box # 4562 McAshton Street		3. Mailing Address 3325 Bartlett Blvd			
Suite, Apt. #, etc. Unit 11-12		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State Orlando, FL		4. FEI Number 59-3641476	
Zip 34233		Country USA		Applied For ☐ Not Applicable	
Zip 32811		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOUNCE, SHERRI 13850 TREELINE AVENUE SOUTH UNIT 1 FT. MYERS, FL 33913			7. Name and Address of New Registered Agent Name Tim Beach Street Address (P.O. Box Number is Not Acceptable) 4562 McAshton Street Unit 11-12 City Sarasota FL Zip Code 34233		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Tim Beach</u> DATE <u>4/21/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, MARVIN 405 5TH AVENUE SOUTH, SUITE 6 NAPLES, FL 34102	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steve Griggs 3325 Bartlett Blvd Orlando, FL 32811	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO FETTERMAN, LYNN 405 5TH AVENUE SOUTH, SUITE 6 NAPLES, FL 34102	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary/Treasurer Joseph Russell 3325 Bartlett Blvd Orlando, FL 32811	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mary Beth Covey 15401 Montage Pkwy West, Suite 100 Houston, TX 77032	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Joseph P. Russell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/21/08</u> Daytime Phone # <u>407-206-0040</u>		