

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078518

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: OXYSOUND HOME HEALTH SERVICES, INC.

## Current Principal Place of Business:

7226 TAFT ST  
HOLLYWOOD, FL 33024 US

## New Principal Place of Business:

## Current Mailing Address:

20856 N RAND RD  
BARRINGTON, IL 60010 US

## New Mailing Address:

PO BOX 840405,  
PEMBROKE PINES, FL 33084 US

FEI Number: 20-1138476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MURIEL, MARIA T  
15376 SW 39TH ST  
DAVIE, FL 33331 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: MURIEL, CARLOS O  
Address: 15376 SW 39TH AT  
City-St-Zip: DAVIE, FL 33331 US

Title: VP ( ) Delete  
Name: MURIEL, MARIA T  
Address: 15376 SW 39TH ST  
City-St-Zip: DAVIE, FL 33331 US

Title: SEC ( ) Delete  
Name: BASTIDAS, JOAN  
Address: 2101 BRICKELL AVE SUITE 408  
City-St-Zip: MIAMI, FL 33129 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change ( ) Addition  
Name: MURIEL, MARIA T  
Address: 15376 SW 39TH ST  
City-St-Zip: DAVIE, FL 33331 US

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: MARIA T MURIEL

SEC

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date