2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078518

Address:

City-St-Zip:

15376 SW 39TH ST

DAVIE, FL 33331 US

Entity Name: OXYSOUND HOME HEALTH SERVICES, INC.

FILED Jan 12, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7226 TAF HOLLYW	T ST DOD, FL 33024	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 8 PEMBRO	340405, KE PINES, FL 3	33084 US	PO BOX 840405 PEMBROKE PINES, F	FL 33084 US	
FEI Number	: 20-1138476	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MURIEL, N 15376 SW DAVIE, FL	/ 39TH ST				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () MURIEL, CARLO 15376 SW 39TH DAVIE, FL 3333	I AT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MURIEL, MARIA 15376 SW 39TH DAVIE, FL 3333	IST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SEC () MURIEL, MARIA	Delete .T	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MARIA T MURIEL VP 01/12/2008