

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000009007

**Entity Name:** OXYGEN RESCUE CARE CENTERS OF AMERICA, LLC

**Current Principal Place of Business:**

525 NE 3RD AVE, SUITE 106  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

525 NE 3RD AVE, SUITE 106  
DELRAY BEACH, FL 33444

**FEI Number:** 26-1905578

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MENKHAUS, DAVID J  
1900 GLADES ROAD, SUITE 401  
BOCA RATON, FL 33431 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title P  
Name CRALLE, RAYMOND H  
Address 525 NE 3RD AVE, SUITE 106  
City-State-Zip: DELRAY BEACH FL 33444

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAYMOND H. CRALLE

**PRESIDENT / CEO**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date