2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002953

Title:

Name:

Address:

City-St-Zip:

() Delete

PINI, HAROLD J

52 UPTACK RD

GROVELAND, MA

FILED Apr 13, 2006 Secretary of State

Entity Name: INSPIRE MEDICAL EQUIPMENT & SERVICES, INC.						
Current Principal Place of Business:				New Principal Place	of Business:	
911 7TH AV VERO BEA	/E. CH, FL 32960					
Current Mailing Address:			New Mailing Address:			
911 7TH AV VERO BEA	/E. CH, FL 32960					
FEI Number: 2	20-0403959	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na				Name and Address o	f New Registered Agent:	
MAYO, RICHARD A 208 SPINNAKER DR VERO BEACH, FL 32963 US			MAYO, RICHARD A 1045 ANSLEY AVE. S. VERO BEACH, FL 329			
The above r		ubmits this statement for the p	urpose of	changing its registered	d office or registered agent, or both,	
SIGNATURE: RICHARD A MAYO				04/13/2006		
Electronic Signature of Registered Agent Date						
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CP () MAYO, RICHARI 1045 ANSLEY A' VERO BEACH, F	VE. SW		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) KARAS, ADAM 15 MEADOW DR MIDDLETON, MA			Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

DT

PINI, HAROLD J

52 UPTACK RD

GROVELAND, MA 01834

(X) Change () Addition

SIGNATURE: RICHARD A MAYO CP 04/13/2006