2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002383

Current Principal Place of Rusiness:

Entity Name: ATLAS RESPIRATORY SERVICES, INC.

FILED Apr 27, 2009 Secretary of State

Date

ment interput race of business.		
950 CALCON HOOK ROAD SUITE 15		
SHARON HILL, PA 19079		
Current Mailing Address:	New Mailing Address:	
950 CALCON HOOK ROAD SUITE 15 SHARON HILL, PA 19079		
FEI Number: 35-2245466 FEI Number Applied For ()	FEI Number Not Applicable () Certif	icate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		egistered Agent:
MEAD, CHARLES B JR ESQ 370 W. CAMINO GARDENS BLVD. PLAZA 7, SUITE 300 BOCA RATON, FL 33432 US	CORPORATION SERVICE CO 1201 HAYES STREET TALLAHASSEE, FL 32301	MPANY JS
The above named entity submits this statement for the $\ensuremath{\beta}$ in the State of Florida.	ourpose of changing its registered office o	r registered agent, or both,
SIGNATURE: JEROME L. SUAREZ		04/27/2009

New Principal Place of Rusiness:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

Name: MORAN, MICHAEL P Name: Address: 1660 WALT WHITMAN ROAD, SUITE 105 Address:

 Address:
 1660 WALT WHITMAN ROAD, SUITE 105
 Address:

 City-St-Zip:
 MELVILLE, NY 11747
 City-St-Zip:

Electronic Signature of Registered Agent

Title: DST () Delete Title: () Change () Addition
Name: MAGGIO_STEPHEN A Name:

Name:MAGGIO, STEPHEN AName:Address:1660 WALT WHITMAN ROAD, SUITE 105Address:City-St-Zip:MELVILLE, NY 11747City-St-Zip:

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: STEPHEN A. MAGGIO DST 04/27/2009