

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003098

FILED
May 01, 2009
Secretary of State

Entity Name: CENTER FOR RESPIRATORY DISEASE, P.A.

Current Principal Place of Business:

1000 EAST WILLIAM ST STE #204
CARSON CITY, NV 89701

New Principal Place of Business:

Current Mailing Address:

1000 EAST WILLIAM ST STE #204
CARSON CITY, NV 89701

New Mailing Address:

FEI Number: 52-2108235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD STE A-100
TAMPA, FL 336123425 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WEI, MICHAEL
Address: 1000 EAST WILLIAM ST STE #204
City-St-Zip: CARSON CITY, NV 89701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-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: MICHAEL WEI

DP

05/01/2009

Electronic Signature of Signing Officer or Director

Date