

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90003 011 ***550.00

DOCUMENT # F95000001011 1. Entity Name SYMPHONY RESPIRATORY SERVICES, INC.					
Principal Place of Business EV4, 11350 MCCORMICK RD., STE. 600 HUNT VALLEY, MD 21031			Mailing Address EV4, 11350 MCCORMICK RD., STE. 600 HUNT VALLEY, MD 21031		
2. Principal Place of Business <i>3500 Financial Plaza</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Tallahassee, FL</i> Zip <i>32312</i> Country <i>USA</i>		3. Mailing Address <i>3500 Financial Plaza</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Tallahassee, FL</i> Zip <i>32312</i> Country <i>USA</i>		<div style="font-size: 1.2em; font-weight: bold;">40094324</div>	
4. FEI Number 52-1903085				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05152006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUNES, R SCOTT EV4, 11350 MCCORMICK RD., STE. 600 HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO Tom Futch 3500 Financial Plaza, Suite 200 Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILLIAMS, RACHEL EV4, 11350 MCCORMICK RD., STE. 600 HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Virginia Futch 3500 Financial Plaza, Suite 200 Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERSTAD, EILEEN EV4, 11350 MCCORMICK RD., STE. 600 HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Robert C. Bruner 3500 Financial Plaza, Suite 200 Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUILD, THOMAS EV4, 11350 MCCORMICK RD., STE. 600 HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert R. Schroeder 3500 Financial Plaza, Suite 200 Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS VACOUSKY, CYNTHIA EV4, 11350 MCCORMICK RD., STE. 600 HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bradley Bennett 3500 Financial Plaza, Suite 200 Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"><input type="checkbox"/> Delete</div>	<div style="text-align: center;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	<div style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date: 6/4/06 Daytime Phone #: 80-35-111		