

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001011

FILED
Jan 04, 2007
Secretary of State

Entity Name: GOLDEN CARE RESPIRATORY SERVICES, INC.

Current Principal Place of Business:

2500 FINANCIAL PLAZA
STE 200
TALLAHASSEE, FL 32312 US

Current Mailing Address:

2500 FINANCIAL PLAZA
STE 200
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

3500 FINANCIAL PLAZA
SUITE # 200
TALLAHASSEE, FL 32312 US

New Mailing Address:

3500 FINANCIAL PLAZA
SUITE # 200
TALLAHASSEE, FL 32312 US

FEI Number: 52-1903085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: FUTCH, TOM
Address: 3500 FINANCIAL PLAZA, STE 2200
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FUTCH, TOM
Address: 3500 FINANCIAL PLAZA, STE 2200
City-St-Zip: TALLAHASSEE, FL 32312

Title: SEC () Change (X) Addition
Name: BRUNER, ROBERT C
Address: 3500 FINANCIAL PLAZA, STE 200
City-St-Zip: TALLAHASSEE, FL 32312

Title: TRES () Change (X) Addition
Name: FUTCH, VIRGINIA A
Address: 3500 FINANCIAL PLAZA, STE 200
City-St-Zip: TALLAHASSEE, FL 32312

Title: DIR () Change (X) Addition
Name: SCHROEDER, RAYMOND
Address: 3500 FINANCIAL PLAZA, STE 200
City-St-Zip: TALLAHASSEE, FL 32312

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.

SIGNATURE: TOM R. FUTCH

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date