


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000001264 1. Entity Name RESPIRATORY SERVICES OF NORTHWEST FLORIDA INC.					
Principal Place of Business 694 E. JAMES LEE BLVD. CRESTVIEW FL 32539			Mailing Address 694 E. JAMES LEE BLVD. CRESTVIEW FL 32539		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3422085 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
6. Name and Address of Current Registered Agent ENFINGER, NANCY E 3010 WINDSOR CIR CRESTVIEW FL 32539				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Nancy E Engfinger</i></u> DATE <u>2-3-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PST ENFINGER, NANCY E 3010 WINDSOR CIRCLE CRESTVIEW FL 32539 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000216324 02/05/05-80046-002 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Nancy E Engfinger* 2-3-05 850-689-5499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #