

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008519

FILED
Feb 02, 2007
Secretary of State

Entity Name: ALL FLORIDA RESPIRATORY, L.L.C.

Current Principal Place of Business:

3010 NAUTILUS ROAD
MIDDLEBURG, FL 32068

New Principal Place of Business:

200 B SOUTH ORANGE AVE
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

3010 NAUTILUS ROAD
MIDDLEBURG, FL 32068

New Mailing Address:

200 B SOUTH ORANGE AVE
GREEN COVE SPRINGS, FL 32043

FEI Number: 59-3731712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORN, CHRISTOPHER C
3010 NAUTILUS ROAD
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

FLETCHER, HENRY T
200 B SOUTH ORANGE AVE
GREEN COVE SPRINGS, FL 32043 US

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: HENRY T FLETCHER

02/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HORN, CHRISTOPHER C
Address: 3010 NAUTILUS ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGR (X) Delete
Name: HORN, RISE
Address: 3010 NAUTHUS RD.
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLETCHER, HENRY T
Address: 200B SOUTH ORANGE AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HENRY T FLETCHER

MGMR

02/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date