

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000008519

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1532 KINGSLEY AVE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

200 B SOUTH ORANGE AVE  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**FEI Number:** 59-3731712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLETCHER, HENRY T  
160 IVY LAKES DR  
JACKSONVILLE, FL 322259 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** FLETCHER, HENRY T  
**Address:** 160 IVY LAKES DR  
**City-St-Zip:** JACKSONVILLE, FL 32259

**Title:** T  
**Name:** FLETCHER, ROBERT E  
**Address:** 3216 LORETTO RD  
**City-St-Zip:** JACKSONVILLE, FL 32223

**Title:** V  
**Name:** HESSLER, ROBIN F  
**Address:** 872 BUCKEYE LN W  
**City-St-Zip:** JACKSONVILLE, FL 32259

I hereby 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

MGR

02/16/2010

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