

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008519

FILED  
Jan 07, 2011  
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:**

1532 KINGSLEY AVE  
ORANGE PARK, FL 32073 US

**Current Mailing Address:**

200 B SOUTH ORANGE AVE  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

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

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 US

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

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

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

PRES

01/07/2011

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