

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000026716

**FILED**  
**Nov 29, 2005**  
**Secretary of State**

**Entity Name:** ALLIANCE RESPIRATORY SERVICES, LLC

**Current Principal Place of Business:**

1009 SE 17TH STREET  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1009 SE 17TH STREET  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 32-0039918      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HERMINA, STACY  
1009 SE 17TH STREET  
CAPE CORAL, FL 33990      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:** STACY HERMINA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** HERMINA, STACY  
**Address:** 1009 SE 17TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** MGRM      (X) Delete  
**Name:** COURTNEY, NANCY  
**Address:** 13160 KINGS POINT DR. #5  
**City-St-Zip:** FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

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

**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 Section 119.07(3)(i), 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:** STACY HERMINA

MGR

11/29/2005

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