

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021653

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: BETTERLIFE RESPIRATORY AND MEDICAL SUPPLY, LLC

## Current Principal Place of Business:

4110 ENTERPRISE AVENUE  
SUITE 213  
NAPLES, FL 34104

## New Principal Place of Business:

## Current Mailing Address:

4110 ENTERPRISE AVENUE  
SUITE 213  
NAPLES, FL 34104

## New Mailing Address:

FEI Number: 16-1682225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINTON, JON A  
179 COPPERFIELD COURT  
MARCO ISLAND, FL 34145 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: MGRM ( ) Delete  
Name: HINTON, JON A  
Address: 179 COPPERFIELD COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR ( ) Delete  
Name: HINTON, CHRISTOPHER J  
Address: 179 COOPERFIELD COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: HINTON, CHRISTOPHER J  
Address: 16094 CALDERA LANE  
City-St-Zip: NAPLES, FL 34110

Title: MGR ( ) Change (X) Addition  
Name: HINTON, ANGELA J  
Address: 179 COPPERFIELD COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR ( ) Change (X) Addition  
Name: HINTON, LAUREN M  
Address: 9712 GLEN HERON DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

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: JON HINTON

MRGM

01/11/2007

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