

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021653

FILED
Feb 15, 2012
Secretary of State

Entity Name: BETTERLIFE RESPIRATORY AND MEDICAL SUPPLY, LLC

Current Principal Place of Business:

3845 BECK BLVD
SUITE 807
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

3845 BECK BLVD
SUITE 807
NAPLES, FL 34114

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: MGR
Name: HINTON, JON A
Address: 179 COPPERFIELD COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR
Name: VOLK, LAUREN M
Address: 3350 RT 212, PO BOX 74
City-St-Zip: SPRINGTOWN, PA 18081

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

Title: MGR
Name: HINTON, KRISTEN T
Address: 179 COPPERFIELD COURT
City-St-Zip: MARCO ISLAND, FL 34145

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: JON HINTON

PRES

02/15/2012

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