2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

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Entity Name: RESPIRATORY SPECIALISTS P.L.

Current Principal Place of Business:

601 MAIN STREET
MEASE MEDICAL ARTS 5TH FL
DUNEDIN, FL 34698 US

New Principal Place of Business:

1840 MEASE DR.
SUITE 307
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

601 MAIN STREET
MEASE MEDICAL ARTS 5TH FL
DUNEDIN, FL 34698 US

New Mailing Address:

1840 MEASE DR.
SUITE 307
SAFETY HARBOR, FL 34695 US

FEI Number: 20-3518175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNN, LEONARD J
3201 LEPRECHAUN LANE
PALM HARBOR, FL 34683 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
Name: DUNN, LEONARD J
Address: 1840 MEASE DR.
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: PART
Name: LINARES, REINERIO
Address: 1840 MEASE DR.
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: PART
Name: RASHKIN, JACK
Address: 1840 MEASE DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PART
Name: STEIN, ROBERT
Address: 1840 MEASE DR
City-St-Zip: SAFETY HARBOR, FL

Title: PART
Name: RASHKIN, JACK
Address: 1840 MEASE DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PART
Name: BROWN, STEPHEN
Address: 1840 MEASE DR.
City-St-Zip: SAFETY HARBOR, FL 34695

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 Statues.

SIGNATURE: LEONARD J DUNN MGR 01/10/2012

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