

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22932

FILED
Mar 01, 2006
Secretary of State

Entity Name: NATIONAL HOME RESPIRATORY SERVICE, INC.

Current Principal Place of Business:

3381 FAIRLANE FARMS ROAD
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

3381 FAIRLANE FARMS ROAD
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0155071 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SUESS, FRANK P
17187 GULF PINE CIRCLE
WELLINGTON, FL 33414 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUESS, FRANK P
Address: 17187 GULF PINE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SUESS, FRANK P
Address: 17187 GULF PINE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: G.M. () Change (X) Addition
Name: SUESS, OLIVER C
Address: 848 CARAWAY CT
City-St-Zip: WEST PALM BEACH, FL 33414

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK SUESS

PST

03/01/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date