

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22932

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** NATIONAL HOME RESPIRATORY SERVICE, INC.

**Current Principal Place of Business:**

3381 FAIRLANE FARMS ROAD  
1 A  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

3381 FAIRLANE FARMS ROAD  
1 A  
WELLINGTON, FL 33414 US

**New Mailing Address:**

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

**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:** PST  
**Name:** SUESS, FRANK P  
**Address:** 17187 GULF PINE CIRCLE  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** GM  
**Name:** SUESS, OLIVER C  
**Address:** 848 CARAWAY COURT  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** OM  
**Name:** THUSS, STEVEN A  
**Address:** 14508 LARKSPUR LANE  
**City-St-Zip:** WELLINGTON, FL 33414 US

I hereby 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 all other like empowered.

**SIGNATURE:** FRANK P. SUESS

PRES

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date