## . 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

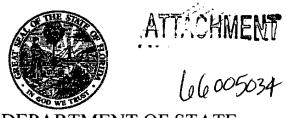
## Mar 14, 2006 8:00 am 27. **Secretary of State** DOCUMENT # L47950 1. Entity Name 02-22-2006 90016 038 \*\*\*150.00 CAREMED RESPIRATORY SERVICES, INC. Principal Place of Business Mailing Address 1911 US HWY 301 N. 1911 US HWY 301 N. STE #340 STE #340 TAMPA, FL 33619 TAMPA, FL 33619 US 01112006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2997540 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEIL G. KIEFER, ESQUIRE DO NOT WRITE 100 2ND AVE. S. SUITE 400 ST. PETERSBURG, FL 33701 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE . NAME ARADO, ROBERTO M. STREET ADDRESS 2201 JENNIFER LANE CITY-ST-ZIP VALRICO, FL PD TITLE NAME HORNE, JAMES 16503 AVILA BOULEVARD STREET ADDRESS CITY-ST-ZP TAMPA, FL TITLE KINTER, MICHAEL G. KAME 313 6TH AVE. STREET ADDRESS DO NOT WRITE CITY-ST-7P TIERRA VERDE, FL TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 amnowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND ED OR PRINTED HAME OF SIGHING OFFICER OR DIRECTOR

FILED



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

CAREMED RESPIRATORY SERVICES, INC. 1911 US HWY 301 N. STE #340 TAMPA, FL 33619 US

Subject: CAREMED RESPIRATORY SERVICES, INC.

Reference Number:

L47950

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LM ANNUAL REPORTS SECTION