


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 14, 2006 8:00 am
Secretary of State**

02-22-2006 90016 038 ***150.00

DOCUMENT # L47950 1. Entity Name CAREMED RESPIRATORY SERVICES, INC.	
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Principal Place of Business 1911 US HWY 301 N. STE #340 TAMPA, FL 33619 US	Mailing Address 1911 US HWY 301 N. STE #340 TAMPA, FL 33619 US
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2997540	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NEIL G. KIEFER, ESQUIRE 100 2ND AVE. S. SUITE 400 ST. PETERSBURG, FL 33701
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARADO, ROBERTO M. 2201 JENNIFER LANE VALRICO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HORNE, JAMES 16503 AVILA BOULEVARD TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KINTER, MICHAEL G. 313 6TH AVE. TIERRA VERDE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowered 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/2006 800 572-9810
Date Daytime Phone #



ATTACHMENT

66005034

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 **has not been filed** 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