

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47950

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: CAREMED RESPIRATORY SERVICES, INC.

## Current Principal Place of Business:

1911 US HWY 301 N.  
STE #340  
TAMPA, FL 33619 US

## New Principal Place of Business:

## Current Mailing Address:

1911 US HWY 301 N.  
STE #340  
TAMPA, FL 33619 US

## New Mailing Address:

FEI Number: 59-2997540

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEIL G. KIEFER, ESQUIRE  
100 2ND AVE. S. SUITE 400  
ST. PETERSBURG, FL 33701 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: VP (X) Delete  
Name: ARADO, ROBERTO M.,  
Address: 2201 JENNIFER LANE  
City-St-Zip: VALRICO, FL

Title: PD ( ) Delete  
Name: HORNE, JAMES  
Address: 16503 AVILA BOULEVARD  
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete  
Name: KINTER, MICHAEL G.  
Address: 313 6TH AVE.  
City-St-Zip: TIERRA VERDE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PDT (X) Change ( ) Addition  
Name: HORNE, JAMES  
Address: 16503 AVILA BOULEVARD  
City-St-Zip: TAMPA, FL

Title: SD (X) Change ( ) Addition  
Name: KINTER, MICHAEL G.  
Address: 1841 OCEANVIEW DR  
City-St-Zip: TIERRA VERDE, FL 33715

I hereby certify that the information supplied with this filing does not qualify 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: JAMES HORNE

PDT

01/12/2009

Electronic Signature of Signing Officer or Director

Date