

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002748

FILED
Jan 11, 2006
Secretary of State

Entity Name: NORTH FLORIDA RESPIRATORY SERVICES, LLC

Current Principal Place of Business:

19 SHADEVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1635
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-3543210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEEKER, VAN P
IGLER & DOUGHERTY, P.A.
1501 PARK AVENUE EAST
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, VICKIE
Address: 320 REHWINKLE ROAD
City-St-Zip: CRAWFORDVILLE, FL 32326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, VICKIE
Address: 320 REHWINKLE ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VICKIE D BROWN

CRT

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date