

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 12, 2007
Secretary of State**

DOCUMENT# M02000001190

Entity Name: OXYLIFE RESPIRATORY SERVICES, LLC

Current Principal Place of Business:

3405 SW COLLEGE ROAD
STE. 225
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3405 SW COLLEGE ROAD
STE. 225
OCALA, FL 34474

New Mailing Address:

FEI Number: 01-0649075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLAN, TIMOTHY M
35 PECAN RUN TERRACE
OCALA, FL 34472 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: MGR () Delete
Name: HART, ROBERT H
Address: 9403 KENWOOD ROAD STE. D-105
City-St-Zip: CINCINNATI, OH 45242

Title: MGR () Delete
Name: DOLAN, TIMOTHY M
Address: 35 PECAN RUN TERRACE
City-St-Zip: Ocala, FL 34472

Title: MGR () Delete
Name: FORREST, EDWARD
Address: 5501 SE 42ND AVENUE
City-St-Zip: Ocala, FL 34480

ADDITIONS/CHANGES:

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

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

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

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: TIMOTHY M. DOLAN

MGR

01/12/2007

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