

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001190

FILED
Jan 02, 2008
Secretary of State

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 (X)

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:

TIECHE, STEVE C
1026 SE 9 AVE
OCALA, FL 34471 US

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: STEVE C TIECHE

01/02/2008

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TIECHE, STEVE C
Address: 1026 SE 9 AVE
City-St-Zip: Ocala, FL 34471

Title: MGR (X) Change () Addition
Name: EWERS, GARY
Address: 1626 SE 7 ST
City-St-Zip: Ocala, FL 34471

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

Title: CFO () Change (X) Addition
Name: BERGMAN, ALAN
Address: 15345 DENNIS DRIVE
City-St-Zip: HUDSON, FL 34669

Title: PTNR () Change (X) Addition
Name: WEINTRAUB, RUSSEL
Address: 7175 BULLWINKLE LN
City-St-Zip: BOKELIA, FL 33922

Title: PTNR () Change (X) Addition
Name: EWERS, RON
Address: 535 SE 22 AVE
City-St-Zip: Ocala, FL 34471

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 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: STEVE C TIECHE

MGR

01/02/2008

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