

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001190

FILED
Mar 12, 2011
Secretary of State

Entity Name: OXYLIFE RESPIRATORY SERVICES, LLC

Current Principal Place of Business:

6405 SW 38TH ST.
BLDG 100 #101-104
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

6405 SW 38TH ST.
BLDG 100 #101-104
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:

TIECHE, STEVE C
530 SE 15TH TERR
OCALA, FL 34471 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: DR.
Name: TIECHE, STEVE C
Address: 530 SE 15TH TERR
City-St-Zip: Ocala, FL 34471

Title: MGR
Name: EWERS, GARY
Address: 1626 SE 7TH ST
City-St-Zip: Ocala, FL 34471

Title: PTNR
Name: VORWERK, JOSEPH
Address: 480 SE 90 STREET
City-St-Zip: Ocala, FL 34480

Title: PTNR
Name: WEINTRAUB, RUSSEL
Address: 7175 BULLWINKLE LN
City-St-Zip: Bokelia, FL 33922

Title: PTNR
Name: EWERS, RON
Address: 535 SE 22 AVE
City-St-Zip: Ocala, FL 34471

I hereby 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: GERRI MCGIGHAN-LUKENS

MS.

03/12/2011

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