

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001190

FILED  
Mar 10, 2012  
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: GERALDINE MCGIGHAN-LUKENS

MS.

03/10/2012

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