2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# P00000011666

Entity Name: OXYGEN PLUS RESPIRATORY CARE AND HOME HEALTH EQUIPMENT, INC.

Current Principal Place of Business:

2217 7TH AVE.
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2217 7TH AVE.
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-0983134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROVELLA, ERNEST
2217 7TH AVENUE
VERO BEACH, FL 32960 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROVELLA, ERNEST J
Address: 5090 16 STREET
City-St-Zip: VERO BEACH, FL 32966

Title: VPSD ( ) Delete
Name: ROVELLA, KATHRYN L
Address: 2217 7TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: VPD ( ) Delete
Name: ROVELLA, SR., ERNEST
Address: 2217 7TH AVENUE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST ROVELLA VPD 07/01/2005

Electronic Signature of Signing Officer or Director Date