

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011666

FILED
Feb 02, 2010
Secretary of State

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

Current Principal Place of Business:

2360 US HIGHWAY 1
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2360 US HIGHWAY 1
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
2360 US HIGHWAY 1
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VPSD
Name: WOODALL, KATHRYN L
Address: 6601 PENSACOLA ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: VPTD
Name: ROVELLA, II, ERNEST J
Address: 1976 GOLDENROD DR.
City-St-Zip: MACUNGIE, PA 18062

Title: VPD
Name: ROVELLA, MICHAEL D
Address: 6506 KINGS HIGHWAY
City-St-Zip: FORT PIERCE, FL 34951

Title: D
Name: ROVELLA, TROY D
Address: 5090 16TH STREET
City-St-Zip: VERO BEACH, FL 32966

I hereby 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 all other like empowered.

SIGNATURE: ERNEST ROVELLA

VPTD

02/02/2010

Electronic Signature of Signing Officer or Director

Date