

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075638

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: BAYONET POINT OXYGEN SERVICES OF FLORIDA, INC.

## Current Principal Place of Business:

5011 WESTSHORE DRIVE  
NEW PORT RICHEY, FL 34652

## New Principal Place of Business:

8340 DONAL ST  
PORT RICHEY, FL 34668

## Current Mailing Address:

5011 WESTSHORE DRIVE  
NEW PORT RICHEY, FL 34652

## New Mailing Address:

FEI Number: 59-3662942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRENCE, ALFRED W ATTORNE  
6645 RIDGE ROAD  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

TORRENCE, ALFRED W ATTORNE  
6709 RIDGE ROAD  
106  
PORT RICHEY, FL 34668 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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WEINER, MITCHELL A M.D.  
Address: 5011 WESTSHORE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: WEINER, PAULA  
Address: 5011 WESTSHORE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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: PAULA WEINER

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date