

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036123

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** HOME RESPIRATORY SOLUTION'S INC.

**Current Principal Place of Business:**

806-A E WADE STREET  
TRENTON, FL 32693

**New Principal Place of Business:**

**Current Mailing Address:**

3325 BARTLETT BLVD  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 57-1121667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUSSELL, JOSEPH  
3325 BARTLETT BLVD  
ORLANDO, FL 32811 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

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** BETH COVEY, MARY  
**Address:** 15401 VANTAGE PARKWAY WEST #100  
**City-St-Zip:** HOUSTON, TX 77032

**Title:** DVP  
**Name:** GRIGGS, STEVE  
**Address:** 3325 BARTLETT BLVD  
**City-St-Zip:** ORLANDO, FL 32811

**Title:** AS  
**Name:** RUSSELL, JOSEPH  
**Address:** 3325 BARTLETT BLVD  
**City-St-Zip:** ORLANDO, FL 32811

**Title:** VP  
**Name:** LAWLER, SHARON  
**Address:** 3325 BARTLETT BLVD  
**City-St-Zip:** ORLANDO, FL 32811

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:** JOSPEH RUSSELL

AS

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date