

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000064738

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** UNITY RESPIRATORY AND DIABETIC, INC.

**Current Principal Place of Business:**

3280 TAMIAMI TRAIL STE. 56A  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

3280-55A TAMIAMI TRAIL  
PMB 285  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 65-1118275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAGNER, CHRIS  
23427 ABERDEEN AVE.  
PORT CHARLOTTE, FL 33952 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: P  
Name: WAGNER, CHRIS  
Address: 23427 ABERDEEN AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SEC  
Name: WAGNER, MELONIE J  
Address: 3280 TAMIAMI TRAIL STE56A  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: CHRIS WAGNER

PRES

02/21/2011

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

\_\_\_\_\_  
Date