

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90090 012 ***150.00



DOCUMENT # P02000008615
 1. Entity Name
FIRST CHOICE RESPIRATORY CARE, INC.

Principal Place of Business Mailing Address
4566 LONGLEAF COURT ORANGE PARK FL 32003 **4566 LONGLEAF COURT ORANGE PARK FL 32003**



2. Principal Place of Business **4601 Moody Blvd**
 Suite, Apt. #, etc. **E-5**

3. Mailing Address **4601 Moody Blvd**
 Suite, Apt. #, etc. **E-5**

1st MOORE CR2E034 (10/05)

City & State **Bunnell FL**

City & State **Bunnell FL**

4. FEI Number **01-0562934** Applied For Not Applicable

Zip **32110** Country **FLA/GA**

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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
THOMPSON, WILLIAM L JR
2301 PARK AVENUE
SUITE 404
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWN LANCASTER, GARY J OWNER 4566 LONGLEAF CRT ORANGE PARK FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/10/06** **386-4376700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #