

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000042728

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** LIFESAVERS HOME RESPIRATORY, INC.

**Current Principal Place of Business:**

2525 DRANEFIELD RD.  
SUITE 14  
LAKELAND, FL 33811

**New Principal Place of Business:**

**Current Mailing Address:**

12157 W LINEBAUGH AVE #176  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 61-1411636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINACCI, MICHAEL A  
12157 W LINEBAUGH AVE #176  
TAMPA, FL 33626 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: DP  
Name: MINACCI, MICHAEL A  
Address: 2525 DRANEFIELD RD., STE 14  
City-St-Zip: LAKELAND, FL 33811

Title: S  
Name: WEEKS, BARBARA  
Address: 2525 DRANEFIELD RD., STE 14  
City-St-Zip: LAKELAND, FL 33811

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: MIKE MINACCI

DP

04/27/2012

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

\_\_\_\_\_  
Date