2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# P02000067059

Entity Name: CPAP MEDICAL SUPPLIES AND SERVICES INC.

Current Principal Place of Business:

6950 PHILIPS HIGHWAY
#36
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6950 PHILIPS HIGHWAY
#36
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 03-0455141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLURE, LEWIS B
6950 PHILIPS HIGHWAY
36
JACKSONVILLE, FL 32216 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: MCCLURE, LEWIS B
Address: 6950 PHILIPS HIGHWAY #36
City-St-Zip: JACKSONVILLE, FL 32216

Title: CEO
Name: PIERCE, ROBERT W
Address: 6950 PHILIPS HIGHWAY #36
City-St-Zip: JACKSONVILLE, FL 32216

Title: COO
Name: HERMS, CHRISTOPHER A
Address: 6950 PHILIPS HIGHWAY #36
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPS
Name: OBER, CRAIG J
Address: 6950 PHILIPS HIGHWAY #36
City-St-Zip: JACKSONVILLE, FL 32216

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: LEWIS MCCLURE P 01/05/2012

Electronic Signature of Signing Officer or Director — Date