

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000067052

FILED
Apr 14, 2008
Secretary of State

Entity Name: SUNNYSIDE RESPIRATORY CARE, INC.

Current Principal Place of Business:

9045 LA FONTANA BLVD.
SUITE 206
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

3998 NW 52ND PL
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 20-0069936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, BARBARA H PRES.
3998 NORTHWEST 52ND PLACE
BOCA RATON, FL 33496 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: D () Delete
Name: JACOBSON, SAMUEL S
Address: 3998 NW 52ND PL
City-St-Zip: BOCA RATON, FL 33496

Title: DIR () Delete
Name: JACOBSON, BARBARA
Address: 3998 NW 52ND PL
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LENSKY, DENISE
Address: 1609 NW 106TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA JACOBSON

DIR

04/14/2008

Electronic Signature of Signing Officer or Director

Date