

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132323

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** ADVANCED OXYGEN THERAPY, INC.

**Current Principal Place of Business:**

8050 NORTH UNIVERSITY DRIVE  
SUITE 202  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

8050 N. UNIVERSITY DR.  
SUITE 202  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 20-0831813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIERSON, THOMAS F ESQ.  
8050 N UNIVERSITY DRIVE  
202  
TAMARAC, FL 33321 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: PRES  
Name: PIERSON, THOMAS F  
Address: 8050 N. UNIVERSITY DR. #202  
City-St-Zip: TAMARAC, FL 33321

Title: SEC  
Name: MULLER, RICHARD M  
Address: 8050 N. UNIVERSITY DR. #202  
City-St-Zip: TAMARAC, FL 33321

Title: DIR  
Name: PIERSON, THOMAS F  
Address: 8050 N. UNIVERSITY DR. #202  
City-St-Zip: TAMARAC, FL 33321

Title: DIR  
Name: MULLER, RICHARD M  
Address: 8050 N. UNIVERSITY DR. #202  
City-St-Zip: TAMARAC, FL 33321

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: THOMAS F PIERSON

RA

04/29/2011

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

\_\_\_\_\_  
Date