

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025161

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ADVANTAGE RESPIRATORY SERVICES INC.

**Current Principal Place of Business:**

875 SUNSHINE LANE STE 113  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

875 SUNSHINE LANE STE 113  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 73-1695281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCDONALD, BRANDY  
27910 TAMMI DR  
TAVARES, FL 32778 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCDONALD, DANIEL  
Address: 27910 TAMMI DR  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: MCDONALD, MARK  
Address: 489 NEW HOPE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: MCDONALD, ANDREW  
Address: 8206 SHUBERT LANE  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: MCDONALD, MARK  
Address: 28538 TAMMI DR  
City-St-Zip: TAVARES, FL 32778

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: MARK Q MCDONALD

PRES

04/30/2009

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

\_\_\_\_\_  
Date