## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000040552

FILED Apr 22, 2008 Secretary of State

Entity Name: SOUTHERN HOME RESPIRATORY OF FLORIDA, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
	F STREET LLE, FL 3244	0			
Current N	lailing Addre	ss:	New Mailing Address	s:	
	F STREET LLE, FL 3244	0			
FEI Number	: 45-0524463	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MORRIS,					
1376 PEÑ COTTONI The above	NEY RD DALE, FL 324		purpose of changing its registered	d office or registered agent, or both,	
1376 PEÑ COTTONI The above	NEY RD DALE, FL 324 anamed entity e of Florida.		purpose of changing its registered	d office or registered agent, or both,	
1376 PEN COTTONI The above in the State	NEY RD DALE, FL 324 named entity of of Florida.  RE:			d office or registered agent, or both,  Date	
1376 PEN COTTONI The above in the State SIGNATU	NEY RD DALE, FL 324 named entity of Florida.  RE: Electro	submits this statement for the			
1376 PEN COTTONI The above in the State SIGNATUI	NEY RD DALE, FL 324 named entity of Florida.  RE: Electro	submits this statement for the notes of the notes of Registered Aging Trust Fund Contribution ( ).	ent		
1376 PEN COTTONI The above in the State SIGNATUI	NEY RD DALE, FL 324 e named entity e of Florida.  RE: Electro mpaign Financir S AND DIREC	submits this statement for the nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete NY ARK RD.	ent	Date	

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: GLENDA J HOWARD O 04/22/2008