

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053646

FILED  
Sep 05, 2006  
Secretary of State

**Entity Name:** LIFELINE MEDICAL & RESPIRATORY EQUIPMENT PROVIDERS, INC.

**Current Principal Place of Business:**

1985 NW 55 AVENUE  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

1985 NW 55 AVENUE  
MARGATE, FL 33063 US

**New Mailing Address:**

**FEI Number:** 20-1385676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONIZ, JANICE  
9420 NW 39TH COURT  
CORAL SPRINGS, FL 33065 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MONIZ, JANICE  
Address: 9420 NW 39TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33065 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JANICE MONIZ

PRES

09/05/2006

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

\_\_\_\_\_  
Date