

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90274 050 \*\*\*150.00

<b>DOCUMENT # P04000117750</b> 1. Entity Name <b>RESPIRATORY RESOURCE MANAGEMENT, INC.</b>																	
Principal Place of Business <b>2085 ANDREA LANE, UNIT 7 FT. MYERS, FL 33912</b>			Mailing Address <b>2085 ANDREA LANE, UNIT 7 FT. MYERS, FL 33912</b>														
2. Principal Place of Business <b>2085 ANDREA LN UNIT 7</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2085 ANDREA LN. UNIT 7</b> <small>Suite, Apt. #, etc.</small>		<b>66018001</b> 													
City & State <b>FT. MYERS, FL 33912</b>		City & State <b>FT. MYERS, FL</b>		4. FEI Number <b>20-1491903</b>													
Zip <b>USA</b>		Zip <b>33912</b>		Country <b>USA</b>													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable													
6. Name and Address of Current Registered Agent  <b>BENJAMIN, ROBERT W. 200 S. ORANGE AVE. SARASOTA, FL 34238</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>														
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 60%;"> <b>D TALTON, TIM J</b> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2085 ANDREA LANE, UNIT 7</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FT. MYERS, FL 33912</b></td> </tr> </table>			TITLE NAME	<b>D TALTON, TIM J</b> <input type="checkbox"/> Delete	STREET ADDRESS	<b>2085 ANDREA LANE, UNIT 7</b>	CITY-ST-ZIP	<b>FT. MYERS, FL 33912</b>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 60%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																	
SIGNATURE: <u>TIM J. TALTON</u> <span style="float: right;">04-15-05 239 728 2297</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																	