2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# P04000119171

Entity Name: SOUTHERN RESPIRATORY II, INC.

Current Principal Place of Business:

3107 KURT STREET
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 872
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHESTNUT, HAL B
3107 KURT STREET
EUSTIS, FL 32726 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: PS ( ) Delete
Name: HICKS, MARK
Address: 32145 DEWBERRY LANE
City-St-Zip: SORRENTO, FL 32776

Title: VT ( ) Delete
Name: CHESTNUT, HAL B
Address: 1785 CHERRY LANE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: HAL CHESTNUT VP 04/04/2005

Electronic Signature of Signing Officer or Director — Date