

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000123346

**Entity Name:** BREATHE EASY MEDICAL, INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12320 COUNTY ROAD 44  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

12320 COUNTY ROAD 44  
LEESBURG, FL 34788

**New Mailing Address:**

12320 COUNTY ROAD 44  
LEESBURG, FL 34788

**FEI Number:** 20-1560238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINN, SHAWN  
944 CLUB HILLS DRIVE  
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

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** QUINN, SHAWN  
**Address:** 944 CLUB HILLS DRIVE  
**City-St-Zip:** EUSTIS, FL 32726

**Title:** V.P.  
**Name:** CATALDI, ANTHONY R  
**Address:** 19632 EAGLES VIEW CIRCLE  
**City-St-Zip:** UMATILLA, FL 32784

I hereby 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 all other like empowered.

**SIGNATURE:** ANTHONY CATALDI

VP

04/25/2011

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

\_\_\_\_\_  
Date