

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030885

FILED
Apr 01, 2009
Secretary of State

Entity Name: ISLAND HOME RESPIRATORY CARE, INC.

Current Principal Place of Business:

4711 HWY 17 BLD 2 SUITE 2
ORANGE PARK, FL 32003

New Principal Place of Business:

4711 HWY 17
UNIT 1
ORANGE PARK, FL 32003

Current Mailing Address:

4711 HWY 17 BLD 2 SUITE 2
ORANGE PARK, FL 32003

New Mailing Address:

4711 HWY 17
UNIT 1
ORANGE PARK, FL 32003

FEI Number: 33-1133436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANCASTER, GARY
4711 HWY 17 BLD 2 SUITE 2
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

LANCASTER, GARY
4711 HWY 17
UNIT 1
ORANGE PARK, FL 32003 US

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

04/01/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OWN () Delete
Name: LANCASTER, GARY J OWNER
Address: 4566 LONGLEAF CRT
City-St-Zip: ORANGE PARK, FL 32003 CL

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 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: GARY LANCASTER

OWN

04/01/2009

Electronic Signature of Signing Officer or Director

Date