

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000055891

**FILED**  
**Feb 13, 2007**  
**Secretary of State**

**Entity Name:** MED-SMART RESPIRATORY CARE, INC.

**Current Principal Place of Business:**

660 SW 28TH DR.  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

3243 NW 22 AVE  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

660 SW 28TH DR.  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

3243 NW 22 AVE  
OAKLAND PARK, FL 33309

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

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

SMART, WAIDE I  
660 SW 28TH DR.  
FT. LAUDERDALE, FL 33312      US

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

SMART, JENNIFER A  
3243 NW 22 AVE  
OAKLAND PARK, FL 33309      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: J SMART

02/13/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMART, WAIDE I  
Address: 660 SW 28TH DR.  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: SD ( ) Delete  
Name: SMART, JENNIFER A  
Address: 660 SW 28TH DR.  
City-St-Zip: FT. LAUDERDALE, FL 33312

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

Title: PD (X) Change ( ) Addition  
Name: SMART, JENNIFER A  
Address: 3243 NW 22 AVE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: SD (X) Change ( ) Addition  
Name: SMART, WAIDE L  
Address: 3243 NW 22 AVE  
City-St-Zip: OAKLAND PARK, FL 33309

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: J SMART

PD

02/13/2007

Electronic Signature of Signing Officer or Director

Date