2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Jun 29, 2007 8:00 am Secretary of State

| 1. Entity Nán | PO6000140 | | | | | 90011 025 ***1 | | | |
|---|--|--|---------------------------------------|--|---------------------------------------|--|-----------------------------|--|--|
| Principal Place of Business Mailing Address 404 MIRAMAR LANE PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33 | | | FL 33410 | /2 | 9-585- 660: | 32 <i>6)</i> 19936 | TITPI A IBBI | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05212007 | Chg-P | CR2E034 (12/06) | | | |
| City & State | | City & State | | 4. FELNumb | | ₹ / | polied For ot Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate | of Status Desired | S8.75 Ad Fee Require | | | |
| | 6. Name and Address of Current I | Registered Agent | Name | 7. Name and | i Address of New Re | gistered Agent | | | |
| LENDER, WAYNE 404 MIRAMAR LANE PALM BEACH GARDENS. FL 33410 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| - | × • • | | | | | | | | |
| | ······································ | | City | | | FL Zip Coo | _ | | |
| | named entity submits this statement for sons of registered agent. | the purpose of changing its : | registered office or reg | gistered agent, or bo | oth, in the State of Flor | ida. I am familiar with, | and accept | | |
| SIGNATURE. | Signature, typed or printed name of registered agent a | The state of the s | | | | DATE | | | |
| | S-pribute, typed or prised fixing or registered against | | : Registered Agent signature re | igureo with (entitaling) | <u> </u> | DATE | | | |
| | LE NOW!!! FEE IS \$150.00 ue by September 14, 2007 | 9. Election Campaig Trust Fund Contr | | \$5.00 May Be Added to Fees | In accordance wi corporation did n | th s. 607.193(2)(b), ot receive the prior | F.S., the notice. | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS | CHANGES TO OFFIC | CERS AND DIRECTOR | S IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LENDER, WAYNE 404 MIRAMAR LANE PALM BEACH GARDENS, FL 33 | □ Delete 1410 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Changs | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FORTUNATO, NANCY 488 DOGWOOD PLACE HIWASSEE, GA 30546 | ☐ Delete | THILE NAME STREET ADDRESS CITY-SI-ZIP | | | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY:STEZE | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-7IP | | | Change | ☐ Addition | | |
| indicated of the cor | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w | true and accurate and that m wered to execute this report a | y signature shall have | the same legal effect r 607, Florida Statute | t as if made under oa | th; that I am an officer appears in Block 10 or | or director | | |

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| ATTACHMENT |
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| DOCUMENT # P06000140622 | | | | | | | | | |
|---|--|--|------------------------------|--|-----------------|------------------------------------|--------------------------------|---------------------|-----------------------------|
| ADVANCE | ED RESPIRATORY CARE FO | OR CHILDREN, INC. | | | | | | | |
| Principal Place of Business Mailing Address | | | | | † | | | | |
| 404 MIRAMAR LANE 404 MIRAMAR PALM BEACH GARDENS FL 33410 PALM BEACH | | | R LANE H GARDENS FL 33410 | | 66019936 | | | | ~- |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | 1 | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, elc. | | | 2r | nd MOORE | CR2E034 | (4/07) | |
| City & State | | City & State | | | 4. FEI Numb | 677722 | 8 | | optied For at Applicable |
| Zip | Country | Zip Сон | | lry | 5. Certificate | e of Status Desired | | 3.75 Add Require | |
| | 6. Name and Address of Curren | t Registered Agent | | Name | 7. Name an | d Address of New F | Registered Age | ent | |
| | DER, WAYNE MIRAMAR LANE | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| PAL | M BEACH GARDENS FL 3: | 3410 | | | | | | | |
| | | - | | City | · | | FL | Zip Cod | e |
| | named entity submits this statement tions of registered agent. | for the purpose of changing its | registere | ed office or registe | red agent, or b | oth, in the State of Fl | lorida. Tam tan | riliar with. | and accept |
| SIGNATURE | | | · | | | | | | <u></u> |
| | Signature, typed or premed were of registined upon | | | d Agent rignature ringures | | 1 | DATL | | |
| | ILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 k Payable to Florida Department | late fee. By ched | cking this | ws for the waiver o box, the corporati ce. Fee to file is \$ | on certifies it | 9. Election Camp Trust Fund Cor | eaign Financing ntribution. | | 00 May Be ed to Fees |
| 10. | OFFICERS AN | D DIRECTORS | 11. | | ADDITIONS | /CHANGES TO OFF | ICERS AND DI | RECTORS | 3 IN 11 |
| DIRE NAME | P LENDER, WAYNE | □ Deleio | JITLE MAM | t t | | | |] Change | Addition |
| | 404 MIRAMAR LANE PALM BEACH GARDENS FL 3341 | 10 | STRE | ET ADORESS ST-ZIP | | | | | |
| TITLE | VP | ☐ Delete | THE E | 1 | | - | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | FORTUNATO, NANCY 488 DOGWOOD PLACE HIWASSEE GA 30546 | | | E ET ADORESS -51-21P | | | | | : |
| TITLE | | ☐ Deleie | TOL | 1 | · | | | Change | Addition |
| NAME STREET ADDRESS "UITTYSTYLET" | | <u>.</u> . | | E LT ADDRESS -S1:73P' | | | | | |
| DILE | 4 | ☐ Deleir | 11/12 | | _ . | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS | | | | | |
| TITLE NAME | | ☐ Deiete | TITLE | I | ., | | E | Change | ☐ Addition |
| STREET ADORESS CITY-ST-ZIP | | | SIRE | ET ADDRESS -S1-2IP | | | | | i |
| TITLE NAME STREET ADDRESS | | ☐ Delete | 1 | E Et adoress | | | |] Change | ☐ Addition |
| CITY-S1-ZIP | goards that the arterior | with then follows after a section 140 | _! | -\$1-ZIP | nd in China | 10. Flourds Cont. | 1 to the man | | |
| indicated of the co | certify that the information supplied wid on this report or supplemental report progration or the receiver or trustee end, or on an attachment with an address | t is true and accurate and that powered to execute this repor | my signa Las regui | ture shall have the | same legal effe | ect as if made under | oath; that I am | an officer | or director |
| SIGNAT | TURE: Wayne | Lender | | | 5/23/0 | of Po | er.der | <u>L</u> | |