2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155128

FILED Jan 24, 2007 Secretary of State

Entity Name: GLOBAL RESPIRATORY AND MEDICAL EQUIPMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 600 CORAL WAY 4301 32ND STREET WEST SUITE C9 4TH FLOOR CORAL GABLES, FL 33134 BRADENTON, FL 34205 **Current Mailing Address:** New Mailing Address: 600 CORAL WAY PO BOX 347723 4TH FLOOR CORAL GABLES, FL 332347723 CORAL GABLES, FL 33134 FEI Number: 22-3949988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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 Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition Name: FAMADA, NELSON Name: FAMADA, NELSON 600 CORAL WAY, 4TH FLOOR 252 PONCE DE LEON AVENUE, SUITE 702 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: SAN JUAN, PR 00918 Title: SD Title: () Delete (X) Change () Addition HESTER, STACY L Name: HESTER, STACY L Name: 600 CORAL WAY, 4TH FLOOR 2651 PARK WINDSOR DRIVE SUITE 207 Address: Address: CORAL GABLES, FL 33134 FORT MYERS, FL 33901 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition ,RODRIGUEZ, JORGE Name: Name: 252 PONCE DE LEON AVENUE SUITE 702 Address Address: City-St-Zip: City-St-Zip: SAN JUAN, PR 00918 Title: () Delete Title: () Change (X) Addition DORON, MICHAEL Name: Name: Address: Address: 252 PONCE DE LEON AVENUE SUITE 702 City-St-Zip: City-St-Zip: SAN JUAN, PR 00918 Title: Title: () Change (X) Addition () Delete Name: Name: FAMADAS, NELSON E SMART Address: 252 PONCE DE LEON AVENUE SUITE 702 Address: City-St-Zip: City-St-Zip: SAN JUAN, PR 00918 Title: () Delete Title: () Change (X) Addition Name: Name: PROBER, MATT 252 PONCE DE LEON AVENUE, SUITE 702 Address: Address: City-St-Zip: City-St-Zip: SAN JUAN, PR 00918 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: NELSON FAMADAS P 01/24/2007