

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102147

FILED
Jan 19, 2009
Secretary of State

Entity Name: OXYGEN THERAPY INSTITUTE, INC

Current Principal Place of Business:

5971 POWERS AVENUE
8
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

5971 POWERS AVENUE
8
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 22-1689560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIFESAFE SERVICES LLC
5971 POWERS AVENUE
8
JACKSONVILLE, FL 32217 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: FIGGE, CHRIS
Address: 621 SOUTHPARK DRIVE, #700
City-St-Zip: LITTLETON, CO 80120

Title: P () Delete
Name: LIPMAN, DAVID
Address: 5080 N ELSTON AVENUE
City-St-Zip: CHICAGO, IL 60630 US

Title: TR () Delete
Name: FERGENBAUM, MITCH
Address: 8994 TOPPING MANOR DRIVE
City-St-Zip: SEMINOLE, FL 33772 US

Title: DIR () Delete
Name: HOENE, PATRICK
Address: 12843 TOPPING MANOR DRIVE
City-St-Zip: ST LOUIS, MO 63131 US

Title: DIR () Delete
Name: STEFFES, ROGER
Address: 811 DORO LANE
City-St-Zip: SAGINAW, MI 48604 US

Title: DIR (X) Delete
Name: BARR, BOB
Address: 6155 HUNTLEY ROAD, SUITE H
City-St-Zip: COLUMBUS, OH 43229 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HOENE, PATRICK
Address: 5971 POWERS AVENUE, #108
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: TR (X) Change () Addition
Name: LIPMAN, DAVID
Address: 5080 N ELSTON AVENUE
City-St-Zip: CHICAGO, IL 606302427 US

Title: DIR (X) Change () Addition
Name: STEFFES, ROGER
Address: 811 DORO LANE
City-St-Zip: SAGINAW, MI 48604 US

Title: DIR (X) Change () Addition
Name: BARR, BOB
Address: 6155 HUNTLEY ROAD, SUITE H
City-St-Zip: COLUMBUS, OH 43229 US

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: PAMELA L SPARGUR

SEC

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date