

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102147

FILED  
Apr 06, 2011  
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 ( )**

**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

**OFFICERS AND DIRECTORS:**

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

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

Title: TR  
Name: BOB, BARR  
Address: 6155 HUNTLEY ROAD, SUITE H  
City-St-Zip: COLUMBUS, OH 43229 US

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

Title: DIR  
Name: WODEHOUSE, KENNETH  
Address: 6004 BRIDGET STREET  
City-St-Zip: METARIE, LA 70003 US

I hereby 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 all other like empowered.

SIGNATURE: PAMELA L SPARGUR

SECR

04/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date