

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102147

FILED
Apr 25, 2012
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

OFFICERS AND DIRECTORS:

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

Title: V
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

04/25/2012

Electronic Signature of Signing Officer or Director

Date