

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025941

FILED
Mar 13, 2009
Secretary of State

Entity Name: RESPIRATORY PEDIATRIC SERVICES INC.

Current Principal Place of Business:

15300 NORTHEAST 5TH AVENUE
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

15300 NORTHEAST 5TH AVENUE
MIAMI, FL 33162

New Mailing Address:

FEI Number: 22-3977053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PTD () Delete
Name: DORMEUS, DANILO T
Address: 15300 NORTHEAST 5TH AVENUE
City-St-Zip: MIAMI, FL 33162

Title: VPD () Delete
Name: ALTIDOR, MARIE E
Address: 15300 NORTHEAST 5TH AVENUE
City-St-Zip: MIAMI, FL 33162

Title: SD () Delete
Name: DANGERVIL, ROMUALD
Address: 15300 NORTHEAST 5TH AVENUE
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: ALTIDOR, MARIE E
Address: 199 NW 88 STREET
City-St-Zip: MIAMI, FL 33150

Title: SD (X) Change () Addition
Name: DANGERVIL, ROMUALD
Address: 1630 NORTHEAST 174 STREET
City-St-Zip: MIAMI, FL 33162

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: DANILO T. DORMEUS

PTD

03/13/2009

Electronic Signature of Signing Officer or Director

Date