

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046138

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** NATIONAL RESPIRATORY MEDICAL COMPANY

**Current Principal Place of Business:**

4409 SUN N LAKE BLVD SUITE D  
SUITE D  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

4409 SUN N LAKE BLVD SUITE D  
SEBRING, FL 33872

**New Mailing Address:**

4409 SUN N LAKE BLVD SUITE D  
SUITE D  
SEBRING, FL 33872

**FEI Number:** 26-2542010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KELLY, KAREN  
4409 SUN N LAKE BOULEVARD  
SUITE D  
SEBRING, FL 33872 US

**Name and Address of New Registered Agent:**

KELLY, KAREN L  
4409 SUN N LAKE BOULEVARD  
SUITE D  
SEBRING, FL 33872 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: KAREN L. KELLY

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KELLY, KAREN  
Address: 4409 SUN N LAKE BOULEVARD, SUITE D  
City-St-Zip: SEBRING, FL 33872

Title: D  
Name: NOBILETTI, JENNIFER L  
Address: 4409 SUN N LAKE BOULEVARD, SUITE D  
City-St-Zip: SEBRING, FL 33872

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: KAREN L. KELLY

D

01/06/2011

Electronic Signature of Signing Officer or Director

Date