

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000065149

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL GAS SERVICES OF FLORIDA INC.

**Current Principal Place of Business:**

8 LITTLE CAY CIRCLE  
ORMOND BEACH, FL 32176 US

**New Principal Place of Business:**

**Current Mailing Address:**

1316 NADINE DRIVE  
DELTONA, FL 32738 US

**New Mailing Address:**

**FEI Number:** 26-2948764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BURK, KAY  
1316 NADINE DRIVE  
DELTONA, FL 32738 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:** DPVP  
**Name:** BURK, KAY  
**Address:** 1316 NADINE DRIVE  
**City-St-Zip:** DELTONA, FL 32738 US

**Title:** ST  
**Name:** BURK, KAY  
**Address:** 1316 NADINE DRIVE  
**City-St-Zip:** DELTONA, FL 32738 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:** KAY BURK

DPVP

01/08/2010

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

\_\_\_\_\_  
Date