

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045240

FILED
Jun 25, 2007
Secretary of State

Entity Name: RESPIRATORY SUPPORT SERVICES, INC.

Current Principal Place of Business:

3550 SW 74TH AVENUE
SUITE D
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO BOX 772098
OCALA, FL 344772098 US

New Mailing Address:

FEI Number: 59-3186496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVITO, ROBERT JR
231 NE 28TH AVENUE #202
OCALA, FL 34470 US

Name and Address of New Registered Agent:

DEVITO, ROBERT JR
3807 SE 38TH LOOP
OCALA, FL 34480 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: ROBERT DEVITO, JR.

06/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEVITO, ROBERT JR.
Address: 231 NE 28TH AVENUE #202
City-St-Zip: OCALA, FL 34470

Title: VPTD () Delete
Name: DEVITO, GERTRUD
Address: 3044 SW 41ST LANE
City-St-Zip: OCALA, FL 34474

Title: S () Delete
Name: DEVITO, CHRISTINE
Address: 231 NE 28TH AVENUE #202
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEVITO, ROBERT JR.
Address: 3807 SE 38TH LOOP
City-St-Zip: OCALA, FL 34480

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

Title: S (X) Change () Addition
Name: DEVITO, CHRISTINE
Address: 3807 SE 38TH LOOP
City-St-Zip: OCALA, FL 34480

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: CHRISTINE DEVITO

S

06/25/2007

Electronic Signature of Signing Officer or Director

Date