

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000045240

**FILED**  
**May 11, 2011**  
**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:**

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: DEVITO, ROBERT JR.  
Address: 231 NE 28TH AVENUE #202  
City-St-Zip: OCALA, FL 34470

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

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: CHRISTINE DEVITO

VPTD

05/11/2011

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

\_\_\_\_\_  
Date