2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094160

Entity Name: ALERT RESPIRATORY SERVICES, INC.

FILED May 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12630 METRO PARKWAY FORT MYERS, FL 33912 US **Current Mailing Address: New Mailing Address:** 12630 METRO PARKWAY FORT MYERS, FL 33912 US FEI Number: 65-0446308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MILITELLO, KAREN MILITELLO, KAREN 4020 S.W. 2ND AVE 8989 PASEO DE VALENCIA ST US CAPE CORAL, FL 33194 FT MYERS, FL 33908 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 MILITELLO 05/02/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MILITELLO, KAREN MILITELLO, KAREN Name: Name: 4020 S.W. 2ND AVE. 8989 PASEO DE VALENCIA Address: Address: City-St-Zip: CAPE CORAL, FL 33194 City-St-Zip: FT MYERS, FL 33908 Title: Title: () Delete (X) Change () Addition Name: MILITELLO, THOMAS J Name: MILITELLO, THOMAS J 4020 SW 2ND AVE 8989 PASEO DE VALENCIA Address: Address: FT MYERS, FL 33908 City-St-Zip: CAPE CORAL, FL City-St-Zip: () Delete Title: Title: () Change () Addition CUENCA, ROBERT Name: Name: 423 SW 38TH ST Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: () Delete Title: () Change () Addition GRANT, MELISSA Name: Name: Address: 7002 KIMBERLY TERR Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN MILITELLO PRES 05/02/2005