

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010005

FILED  
Apr 11, 2008  
Secretary of State

**Entity Name:** RESPIRATORY, CRITICAL CARE, AND SLEEP MEDICINE ASSOCIATES, INC.

**Current Principal Place of Business:**

800 PRUDENTIAL DRIVE  
4 N MAIN BLDG  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

800 PRUDENTIAL DRIVE  
4 NORTH MAIN BLDG  
JACKSONVILLE, FL 32207

**New Mailing Address:**

800 PRUDENTIAL DRIVE  
4 N MAIN BLDG  
JACKSONVILLE, FL 32207

**FEI Number:** 59-3385828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOYLE, WILLIAM E ESQ.  
2121 CORPORATE SQUARE BLVD  
SUITE 124  
JACKSONVILLE, FL 32216 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: D ( ) Delete  
Name: GRIGAS, JOHN D M.D.  
Address: 1922 RIVER ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: REID, RICHARD A M.D.  
Address: 1111 BROOKWOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: TRENT, FREDERICK L M.D.  
Address: 313 ROYAL TERN ROAD W  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: NAMEN, ANDREW M M.D.  
Address: 7742 WATERMARK LANE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: CROWE, MARK A M.D.  
Address: 1843 CHALLENGE AVE  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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:** RICHARD A. REID MD

D

04/11/2008

Electronic Signature of Signing Officer or Director

Date