

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010005

FILED
Apr 30, 2009
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 N MAIN BLDG
JACKSONVILLE, FL 32207

New Mailing Address:

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

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date