

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000044186

FILED
Apr 14, 2009
Secretary of State

Entity Name: PHYSICIANS CHOICE RESPIRATORY SERVICES, INC.

Current Principal Place of Business:

1532 SE VILLAGE GREEN DR.
UNIT 0
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

4267 NW FEDERAL HWY
STE 173
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 65-0670790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAMANGAKIS, STEVE
1767 NW PALMETTO TERRACE
STUART, FL 34994 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: PD () Delete
Name: MAMANGAKIS, STEVE
Address: 1767 NW PALMETTO TERR
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEVE MAMANGAKIS

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date