

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000044186

FILED
Jul 13, 2010
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:

P.O. BOX 7
JENSEN BEACH, FL 34958

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

OFFICERS AND DIRECTORS:

Title: PD
Name: MAMANGAKIS, STEVE
Address: P.O. BOX 7
City-St-Zip: JENSEN BEACH, FL 34958

Title: CEO
Name: MAMANGAKIS, STEVE
Address: PO BOX 7
City-St-Zip: JENSEN BEACH, FL 34958

Title: VP
Name: MAMANGAKIS, MARIA
Address: PO BOX 7
City-St-Zip: JENSEN BEACH, FL 34958

Title: SEC
Name: MAMANGAKIS, MARIA & STEVE
Address: PO BOX 7
City-St-Zip: JENSEN BEACH, FL 34958

Title: TRES
Name: MAMANGAKIS, STEVE
Address: PO BOX 7
City-St-Zip: JENSEN BEACH, FL 34958

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: STEVE MAMANGAKIS

PRES

07/13/2010

Electronic Signature of Signing Officer or Director

Date