## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000085929

Entity Name: RESPIRATORY CONCEPTS, INC.

FILED Apr 19, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2090 S NOVA RD AA22 4186 DAIRY CT SOUTH DAYTONA, FL 32119

 $\Box$ 

PORT ORANGE, FL 32127

**Current Mailing Address: New Mailing Address:** 

936 S. PENINSULA DR 2090 S NOVA RD AA22

SOUTH DAYTONA, FL 32119 DAYTONA BEACH, FL 32118

FEI Number: 59-3226087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MANCHESTER, CHLOE 3757 S ATLANTIC SUITE 1405 SUITE D

DAYTONA BEACH, FL 32127 US

MANCHESTER, CHLOE 936 S. PENINSÚLA DR DAYTONA BEACH, FL 32118 US

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: CHLOE MANCHESTER 04/19/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: () Change () Addition

MANCHESTER, CHLOE Name: Name: 3757 S ATLANTIC #1405 Address: Address: City-St-Zip: DAYTONA BEACH, FL 32127 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 Statutés. 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: CHLOE MANCHESTER PS 04/19/2004