


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P98000044219 1. Entity Name BAY AREA RESPIRATORY CARE, INC.	
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Principal Place of Business 300 S DUNCAN AVE #185 CLEARWATER, FL 33755	Mailing Address 300 S DUNCAN AVE #185 CLEARWATER, FL 33755
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DO NOT WRITE IN THIS SPACE




02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3509728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HETZEL, TARA 634 GREEN VALLEY RD # 65 PALM HARBOR, FL 34683	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

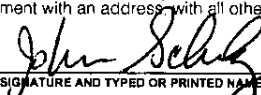
 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD SCHULZ, JOHN 300 S DUNCAN AVE #185 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PURVIS, LLOYD DARRELL 300 S DUNCAN AVE #185 CLEARWATER, FL 33755
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03/09/07-80016-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **JOHN Schulz** **2/27/07** **727-466-6288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #