

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000014744

FILED  
Mar 05, 2011  
Secretary of State

Entity Name: ADVANCED RESPIRATORY II, INC.

## Current Principal Place of Business:

6100 HAWKES BLUFF AVE.  
DAVIE, FL 33331

## New Principal Place of Business:

8371 15 COURT  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

6100 HAWKES BLUFF AVE.  
DAVIE, FL 33331

## New Mailing Address:

PO BOX 824056  
PEMBROKE PINES, FL 330824056

FEI Number: 65-0895616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VENEZIA, KAREN J  
6100 HAWKES BLUFF AVE.  
DAVIE, FL 33331 US

## Name and Address of New Registered Agent:

VENEZIA, KAREN J  
8371 15 COURT  
PEMBROKE PINES, FL 33024 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:

03/05/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: VENEZIA, FRANK  
Address: PO BOX 824056  
City-St-Zip: PEMBROKE PINES, FL 33082

Title: V  
Name: VENEZIA, KAREN J  
Address: PO BOX 824056  
City-St-Zip: PEMBROKE PINES, FL 33082

Title: D  
Name: VENEZIA, MICHAEL F  
Address: 2585 GARDEN CT  
City-St-Zip: COOPER CITY, FL 33026 US

Title: D  
Name: VENEZIA, COURTNEY J  
Address: PO BOX 824056  
City-St-Zip: PEMBROKE PINES, FL 33082 US

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: KAREN J VENEZIA

V

03/05/2011

Electronic Signature of Signing Officer or Director

Date