2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# P99000047796

Entity Name: QUALIMED RESPIRATORY AND MOBILITY, INC.

Current Principal Place of Business:

205 FIRST ST. SOUTH
WINTER HAVEN, FL 33880

New Principal Place of Business:

704 3RD ST SW
WINTER HAVEN, FL 33880

Current Mailing Address:

205 FIRST ST. SOUTH
WINTER HAVEN, FL 33880

New Mailing Address:

704 3RD ST SW
WINTER HAVEN, FL 33880

FEI Number: 59-3577525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O;TOOL, NEAL L
310 E. MAIN ST
BARTOW, FL 33830 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: VP ( ) Delete
Name: WILLIS, KAREN R
Address: 472 ARCHAIC DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete
Name: ANDERSON, SHERYL ANN
Address: 4817 FIETZWAY ROAD
City-St-Zip: DOVER, FL 33527

Title: PT ( ) Delete
Name: WILLIS, BRIAN
Address: 472 ARCHAIC DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BRIAN T. WILLIS PT 02/26/2008

Electronic Signature of Signing Officer or Director — Date