2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 07, 2005
Secretary of State

DOCUMENT# V01358

Entity Name: ADVANCED PULMONARY HOME CARE, INC.

Current Principal Place of Business:

4286-A PALM AVENUE
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

4286-A PALM AVENUE
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 65-0308042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, EUARISTO J
4286 PALM AVENUE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

JEREZ, DAVID
4286-A PALM AVENUE
HIALEAH, FL 33012 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: DAVID JEREZ 06/07/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEREZ, EUARISTO J
Address: 4286 PALM AVENUE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JEREZ, DAVID
Address: 4286-A PALM AVENUE
City-St-Zip: HIALEAH, FL 33012

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 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: DAVID JEREZ PRES 06/07/2005
Electronic Signature of Signing Officer or Director Date