## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#755200** 

FILED Jul 05, 2006 Secretary of State

Entity Name: FLORIDA SOCIETY FOR RESPIRATORY CARE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 17516 MALLARD CT LUTZ, FL 33559 **Current Mailing Address: New Mailing Address:** P.O. BOX 2500 LUTZ, FL 33548 US FEI Number: 23-7411594 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLERTH, DENNIS 17516 MALLARD CT LUTZ, FL 33559 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition WILKINS, MARJORIE SOBEL, RICHARD Name: Name: 4323 SWIFT DR Address: 6310 BUCKINGHAM RD Address: City-St-Zip: VALRICO, FL 33594 US City-St-Zip: FT MYERS, FL 33905 US Title: () Delete Title: () Change () Addition Name: LEROUX, LETA Name: Address: 5021 96TH TERRACE N Address: City-St-Zip: PINELLAS PARK, FL 33782 US City-St-Zip: Title: () Delete Title: () Change () Addition THOMPSON, ERNESTINE Name: Name: 10860 SW 167 ST Address: Address: City-St-Zip: MIAMI, FL 33157 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: SEBREE, KELLEY Name: Address: 906 NW 3RD AVE Address: City-St-Zip: OKEECHOBEE, FL 34972 US City-St-Zip: Title: ( ) Delete Title: PPD (X) Change ( ) Addition PARLAMENTO, DONALD PARLAMENTO, DONALD Name: Name: 323 OLIVE TREE CIRCLE W 4244 S LANDAR DR Address: Address: LAKE WORTH, FL 33463 US City-St-Zip: GREENACRES, FL 33413 US City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition DAUGHERTY, RONALD MANDER, ELIZABETH Name: Name: Address: 17297 BLY AVE Address: 11452 STARBOARD DR PORT CHARLOTTE, FL 33948 US JACKSONVILLE, FL 32225 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS A. WILLERTH ED 07/05/2006