

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755200

FILED
Feb 16, 2011
Secretary of State

Entity Name: FLORIDA SOCIETY FOR RESPIRATORY CARE, INC.

Current Principal Place of Business:

17516 MALLARD CT
LUTZ, FL 33559 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2500
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 23-7411594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLERTH, DENNIS A MR
17516 MALLARD CT
LUTZ, FL 33559 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

OFFICERS AND DIRECTORS:

Title: P
Name: WILGIS, JOHN
Address: 1326 W PRINCETON ST
City-St-Zip: ORLANDO, FL 32804 US

Title: PE
Name: BARRETT, SHERYLE
Address: 59 VISTA DEL RIO
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: ED
Name: WILLERTH, DENNIS
Address: 17516 MALLARD CT
City-St-Zip: LUTZ, FL 33559 US

Title: S
Name: LEROUX, LETA
Address: 4781 97TH WAY
City-St-Zip: ST PETERSBURG, FL 33708 US

Title: PP
Name: MCDONOUGH, MELANIE
Address: 8600 TERRACE PINES CT
City-St-Zip: ORLANDO, FL 32836 US

Title: T
Name: MANDER, ELIZABETH
Address: 11452 STARBOARD DR
City-St-Zip: JACKSONVILLE, FL 32225 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS A WILLERTH

ED

02/16/2011

Electronic Signature of Signing Officer or Director

Date