

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842838 (5)

1. Corporation Name
HUDSON RESPIRATORY CARE INC.



Principal Place of Business P.O. BOX 9020 TEMECULA CA 92569-9029	Mailing Address P.O. BOX 9020 TEMECULA CA 92569-9029
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1979	
21		26		4. FEI Number 95-1867330	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PBC	<input type="checkbox"/> DELETE		1.1 TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOVAAS, HELEN HUDSON			1.2 NAME	LOVAAS, HELEN HUDSON		
STREET ADDRESS	27711 DIAZ STREET			1.3 STREET ADDRESS	27711 DIAZ ROAD		
CITY-ST-ZIP	TEMECULA CA			1.4 CITY-ST-ZIP	TEMECULA CA 92590		
TITLE	VTSD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VTSD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RUIZ, RICHARD K.			2.2 NAME	OGRAM, JAY R.		
STREET ADDRESS	OGRAM, JAY R.			2.3 STREET ADDRESS	27711 DIAZ ROAD		
CITY-ST-ZIP	TEMECULA CA			2.4 CITY-ST-ZIP	TEMECULA CA 92590		
TITLE	PF	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHANSEN, RICHARD			3.2 NAME			
STREET ADDRESS	27711 DIAZ ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	TEMECULA CA			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE _____ Jay R. Ogram April 20, 1998 909-676-5611

CR2E034 (10/97)