
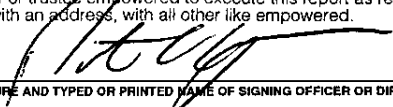


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90319 018 \*\*\*150.00

DOCUMENT # 842838					
1. Entity Name HUDSON RESPIRATORY CARE INC.					
Principal Place of Business P.O. BOX 9020 TEMECULA, CA 92589 US		Mailing Address P.O. BOX 9020 ATT: GEN ACCTG TEMECULA, CA 92589-9029			
2. Principal Place of Business  Suite, Apt., #, etc.		3. Mailing Address  Suite, Apt., #, etc.			
City & State		City & State		03262004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 95-1867330	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOVAAS, HELEN HUDSON	NAME			
STREET ADDRESS	41689 ENTERPRISE CIR N STE 216	STREET ADDRESS			
CITY-ST-ZIP	TEMECULA, CA 92590	CITY-ST-ZIP			
TITLE	SCFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNT, PATRICK	NAME			
STREET ADDRESS	27711 DIAZ RD	STREET ADDRESS			
CITY-ST-ZIP	TEMECULA, CA-92590	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRENCH, CHARLES A	NAME			
STREET ADDRESS	27711 DIAZ RD.	STREET ADDRESS			
CITY-ST-ZIP	TEMECULA, CA 925899020	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPOGLI, RONALD P	NAME			
STREET ADDRESS	111100 SANTA MONICA BLVD STE 100	STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90025	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RULLMAN, CHARLES P	NAME			
STREET ADDRESS	111100 SANTA MONICA BLVD STE 100	STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90025	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RALPH, JON D	NAME			
STREET ADDRESS	111100 SANTA MONICA BLVD STE 100	STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90025	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3-26-J4 909-676-5611		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
Patrick Yount					