

842838

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

HUDSON RESPIRATORY CARE INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hudson Respiratory Care Inc.

2. The principal office address: 27711 Diaz Road, Temecula, California 92589

3. The mailing address (if different): P.O. Box 9020, Temecula, California 92589

4. Date of incorporation/qualification: March 20, 1979 Document number: 842838

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

The Prentice-Hall Corporation System Inc.
12014 Hays Street
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System
(P.O. Box or personal mailbox NOT acceptable)
1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change:

[Signature] Patrick Young, Chief Financial Officer
(Signature of an officer, director or vice chairman of the board) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By: [Signature]
(Signature of Registered Agent)

6/9/04
(Date)

If signing on behalf of an entity:
Scott Ferrara
(Typed or Printed Name)

Assistant Secretary
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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