


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 JUL 17 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 842838</b> 1. Entity Name <b>HUDSON RESPIRATORY CARE INC.</b>			
Principal Place of Business 2711 DIAZ RD. TEMECULA, CA 92589 US		Mailing Address P.O. BOX 9020 ATT: GEN ACCTG TEMECULA, CA 92589-9029	
2. Principal Place of Business <i>2917 Weck Drive</i> Suite, Apt. #, etc.		3. Mailing Address <i>155 S. Limerick Rd</i> Suite, Apt. #, etc.	
City & State <i>RTP, NC</i>		City & State <i>Limerick PA</i>	
Zip <i>27709</i>	Country	Zip <i>19468</i>	Country
4. FEI Number <b>95-1867330</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVAAS, HELEN HUDSON 41689 ENTERPRISE CIR N STE 216 TEMECULA, CA 92590	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO YOUNT, PATRICK 27711 DIAZ RD TEMECULA, CA 92590	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRENCH, CHARLES A 27711 DIAZ RD. TEMECULA, CA 925899020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOGLI, RONALD P 111100 SANTA MONICA BLVD STE 100 LOS ANGEAS, CA 90025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RULLMAN, CHARLES P 111100 SANTA MONICA BLVD STE 100 LOS ANGEAS, CA 90025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH, JON D 111100 SANTA MONICA BLVD STE 100 LOS ANGEAS, CA 90025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			President Forrest R. Whittaker 2345 Waukegon Rd #120 Bunnockburn, IL
			Vice Pres - Director Clayton B. Sharp 155 S. Limerick Road Limerick, PA 19468
			Vice pres - Treasurer C. Jeffrey Jacobs 155 S. Limerick Road Limerick, PA 19468
			Secretary Cynthia Sharo 155 S. Limerick Road Limerick, PA 19468
			B-7/19/06 <b>REINSTATEMENT</b> 300077823343 07/21/06-01012-013 **150.00 300077823343 07/21/06-01012-014 **150.00
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Clayton B. Sharp</i>		Date: <i>6/10-948-2880</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	