


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000003727**

1. Entity Name  
**AEROCARE HOLDINGS, INC.**



Principal Place of Business      Mailing Address

**3325 BARTLETT BLVD.  
 ORLANDO, FL 32811**      **3325 BARTLETT BLVD.  
 ORLANDO, FL 32811**

**DO NOT WRITE IN THIS SPACE**



04092008    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**55-0800066**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUSSELL, JOSEPH  
 3325 BARTLETT BLVD  
 ORLANDO, FL 32811**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIGGS, STEPHEN P 3325 BARTLETT BLVD. ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COVEY, MARY BETH 15401 VANTAGE PARKWAY WEST, SUITE 100 HOUSTON, TX 77032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS RUSSELL, JOSEPH 311 E TROTTERS DR. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRK, RICHARD D 1180 BROOKGATE WAY ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, THOMAS J THE MILL - 10 GLENVILLE STREET GREENWICH, CT 96831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSFORD, W. BRUCE 4360 BROWNSBORO ROAD, SUITE 200 LOUISVILLE, KY 40207

**DO NOT WRITE IN THIS SPACE**

000000914788  
 05/08/08-30070-007 150.00

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: Joseph P. Russell      4/21/08      4072060040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #