

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006499

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** FISHER & PAYKEL HEALTHCARE, INC.

**Current Principal Place of Business:**

15365 BARRANCA PARKWAY  
IRVINE, CA 92618

**New Principal Place of Business:**

**Current Mailing Address:**

15365 BARRANCA PARKWAY  
IRVINE, CA 92618

**New Mailing Address:**

FEI Number: 33-0675741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HIQ CORPORATE SERVICES, INC.  
1574 VILLAGE SQUARE BOULEVARD  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DANIELL, MIKE  
Address: 15 MAURICE PAYKEL PLACE  
City-St-Zip: EAST TAMAKI, NEW ZEALAND,

Title: D  
Name: SHEARER, PAUL  
Address: 15 MAURICE PAYKEL PLACE  
City-St-Zip: EAST TAMAKI, NEW ZEALAND,

Title: P  
Name: CALLAHAN, JUSTIN  
Address: 15365 BARRANCA PARKWAY  
City-St-Zip: IRVINE, CA 92618

Title: ST  
Name: HERNANDEZ, PETER D  
Address: 15365 BARRANCA PARKWAY  
City-St-Zip: IRVINE, CA 92618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HERNANDEZ, PETER D

ST

01/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date