

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000080841

**Entity Name:** AEROCARE EMPLOYEE BENEFITS, INC.

**Current Principal Place of Business:**

C/O AEROCARE HOLDINGS, INC.  
3325 BARTLETT BLVD  
ORLANDO, FL 32811

**Current Mailing Address:**

C/O AEROCARE HOLDINGS, INC.  
3325 BARTLETT BLVD  
ORLANDO, FL 32811

**FEI Number:** 45-3305035

**Certificate of Status Desired:** No

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

RUSSELL, JOSEPH P  
C/O AEROCARE HOLDINGS, INC.  
3325 BARTLETT BLVD  
ORLANDO, FL 32811 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRIGGS, STEPHEN P  
Address        3325 BARTLETT BLVD  
City-State-Zip: ORLANDO FL 32811

Title            VP, CFO  
Name            RUSSELL, JOSEPH P  
Address        3325 BARTLETT BLVD  
City-State-Zip: ORLANDO FL 32811

*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:** JOSEPH P. RUSSELL

VP, CFO

04/26/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date