## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000080841

Entity Name: AEROCARE EMPLOYEE BENEFITS, INC.

/ Name: AEROCARE EMPLOYEE BENEFITS

**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

FILED Apr 30, 2014

**Secretary of State** 

CC7404223285

## Officer/Director Detail:

Title PRESIDENT Title VP, CFO

NameGRIGGS, STEPHEN PNameRUSSELL, JOSEPH PAddress3325 BARTLETT BLVDAddress3325 BARTLETT BLVDCity-State-Zip:ORLANDO FL 32811City-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