## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#755200**

FILED Jan 09, 2007 Secretary of State

Entity Name: FLORIDA SOCIETY FOR RESPIRATORY CARE, INC.

17516 MAI LUTZ, FL	LLARD CT			New Principal Place of Business:		
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX : LUTZ, FL						
FEI Number:	: 23-7411594	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desire	ed (X)
Name and	Address of C	Current Registered Agent:	Name and	l Address of	New Registered Agent:	
	H, DENNIS LLARD CT 33559 US					
	named entity s e of Florida.	submits this statement for the p	urpose of changing i	its registered	office or registered agent,	or both,
SIGNATUF						
	Electror	nic Signature of Registered Age	nt		Date	
OFFICER!	S AND DIREC	TORS:	ADDITION	NS/CHANGE	S TO OFFICERS AND DI	RECTORS:
Title: Name: Address: City-St-Zip:	P () SOBEL, RICHA 6310 BUCKING FT MYERS, FL	HAM RD	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LEROUX, LETA 5021 96TH TER		Title: Name: Address: City-St-Zip:	LEROUX, LE 5021 96TH TI		
Title: Name: Address: City-St-Zip:	D ( ) THOMPSON, E 10860 SW 167 MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	ED ( WILLERTH, I 17516 MALLA LUTZ, FL 33	ARD CT	
Title: Name: Address: City-St-Zip:	S () SEBREE, KELL 906 NW 3RD A OKEECHOBEE	VE	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PPD ( ) PARLAMENTO, 4244 S LANDAI LAKE WORTH,	R DR	Title: Name: Address: City-St-Zip:	PARLAMENT 323 OLIVE TI	•	
Title: Name: Address:	D ( ) MANDER, ELIZ 11452 STARBO		Title: Name: Address:	TD ( MANDER, EL 11452 STARE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS A. WILLERTH ED 01/09/2007