

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755200

FILED
Jan 21, 2009
Secretary of State

Entity Name: FLORIDA SOCIETY FOR RESPIRATORY CARE, INC.

Current Principal Place of Business:

17516 MALLARD CT
LUTZ, FL 33559 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2500
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 23-7411594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLERTH, DENNIS
17516 MALLARD CT
LUTZ, FL 33559 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEROUX, LETA
Address: 5021 96TH TERRACE N
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: PED () Delete
Name: WILGIS, JOHN
Address: 1115 MARION AVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: ED () Delete
Name: WILLERTH, DENNIS
Address: 17516 MALLARD CT
City-St-Zip: LUTZ, FL 33559 US

Title: S () Delete
Name: SEBREE, KELLEY
Address: 906 NW 3RD AVE
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: PPD () Delete
Name: SOBEL, RICHARD
Address: 6310 BUCKINGHAM RD
City-St-Zip: FT MYERS, FL 33905 US

Title: TD () Delete
Name: MANDER, ELIZABETH
Address: 11452 STARBOARD DR
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILGIS, JOHN
Address: 115 MARION AVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: PED (X) Change () Addition
Name: MCDONOUGH, MELANIE
Address: 8600 TERRACE PINES CT
City-St-Zip: ORLANDO, FL 32836 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PPD (X) Change () Addition
Name: LEROUX, LETA K
Address: 5021 96TH TERRACE N
City-St-Zip: PINELLAS PARK, FL 33672 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

01/21/2009

Electronic Signature of Signing Officer or Director

Date