

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755200

**FILED**  
**Jan 05, 2012**  
**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 A MR  
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  
**Name:** BARRETT, SHERYLE  
**Address:** 59 VISTA DEL RIO  
**City-St-Zip:** BOYNTON BEACH, FL 33426 US

**Title:** PE  
**Name:** MCDONOUGH, MELANIE  
**Address:** 8600 TERRACE PINES CT  
**City-St-Zip:** ORLANDO, FL 32836 US

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

**Title:** S  
**Name:** LEROUX, LETA  
**Address:** 5021 96TH TERRACE N  
**City-St-Zip:** PINELLAS PARK, FL 33782 US

**Title:** T  
**Name:** MANDER, ELIZABETH  
**Address:** 11452 STARBOARD DR  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DENNIS A WILLERTH

MR

01/05/2012

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

\_\_\_\_\_  
Date