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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90164 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842838

1. Corporation Name

HUDSON RESPIRATORY CARE INC.

Principal Place of Business

P.O. BOX 9020
TEMECULA CA 92589-9020

Mailing Address

ATTN: GEN. ACCTG
P.O. BOX 9020
TEMECULA CA 92589-9020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1979

4. FEI Number

95-1667330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office (or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **LOVAAS, HELEN HUDSON**
STREET ADDRESS **27711 DIAZ STREET**
CITY-STATE-ZIP **TEMECULA CA 92590**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

Director

Lovaas, Helen Hudson

41689 Enterprise Circle North Suite 216

TEMECULA, CA 92590

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **OGRAM, JAY R**
STREET ADDRESS **27711 DIAZ ROAD**
CITY-STATE-ZIP **TEMECULA CA 92590**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

VTS

OGRAM, JAY R

27711 Diaz Road

TEMECULA, CA 92590

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **JOHANSEN, RICHARD**
STREET ADDRESS **27711 DIAZ ROAD**
CITY-STATE-ZIP **TEMECULA CA**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

PD

JOHANSEN, RICHARD

27711 Diaz Road

TEMECULA CA 92590

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **Ronald P. Spogli**
STREET ADDRESS **11100 Santa Monica Blvd Suite 100**
CITY-STATE-ZIP **Los Angeles CA 90025**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

Director

Ronald P. Spogli

11100 Santa Monica Blvd Suite 100

Los Angeles CA 90025

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **Charles P. Rullman**
STREET ADDRESS **11100 Santa Monica Blvd Suite 100**
CITY-STATE-ZIP **Los Angeles, CA 90025**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

Director

Charles P. Rullman

11100 Santa Monica Blvd Suite 100

Los Angeles, CA 90025

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **Jon D. Ralph**
STREET ADDRESS **11100 Santa Monica Blvd Suite 100**
CITY-STATE-ZIP **Los Angeles, CA 90025**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Director

Jon D. Ralph

11100 Santa Monica Blvd Suite 100

Los Angeles, CA 90025

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jay R. Ogram
CFO

April 20, 1999 (909) 676-5611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)