

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90319 018 \*\*\*150.00

**DOCUMENT # 842838**

1. Entity Name  
HUDSON RESPIRATORY CARE INC.



Principal Place of Business  
P.O. BOX 9020  
TEMECULA, CA 92589 US

Mailing Address  
P.O. BOX 9020  
ATT: GEN ACCTG  
TEMECULA, CA 92589-9029

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip

Country

Zip

Country

03262004

Chg-P

CR2E034 (10/03)

4. FEI Number  
95-1867330

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LOVAAS, HELEN HUDSON  
STREET ADDRESS 41689 ENTERPRISE CIR N STE 216  
CITY-ST-ZIP TEMECULA, CA 92590

TITLE SCFO ☐ Delete  
NAME YOUNT, PATRICK  
STREET ADDRESS 27711 DIAZ RD  
CITY-ST-ZIP TEMECULA, CA 92590

TITLE PD ☐ Delete  
NAME FRENCH, CHARLES A  
STREET ADDRESS 27711 DIAZ RD.  
CITY-ST-ZIP TEMECULA, CA 925899020

TITLE D ☐ Delete  
NAME SPOGLI, RONALD P  
STREET ADDRESS 111100 SANTA MONICA BLVD STE 100  
CITY-ST-ZIP LOS ANGELES, CA 90025

TITLE D ☐ Delete  
NAME RULLMAN, CHARLES P  
STREET ADDRESS 111100 SANTA MONICA BLVD STE 100  
CITY-ST-ZIP LOS ANGELES, CA 90025

TITLE D ☐ Delete  
NAME RALPH, JON D  
STREET ADDRESS 111100 SANTA MONICA BLVD STE 100  
CITY-ST-ZIP LOS ANGELES, CA 90025

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Yount

3-26-J4

909-676-5611

Date

Daytime Phone #