## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## 2006 JUL 17 PM 3: 02 **DOCUMENT #842838** 1. Entity Name HUDSON RESPIRATORY CARE INC. SECRETAR : UF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 9020 2711 DIAZ RD. TEMECULA, CA 92589 ATT: GEN ACCTG TEMECULA, CA 92589-9029 2. Principal Place of Business 3. Mailing Address 2917 Weck Drive 155 5.L Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 REIN-P CR2E098 (11/05) Applied For City & State 4 FELNumber NC 95-1867330 Not Applicable 1'm 2/ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY— Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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 In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D President Addition TITLE Delete TITLE ☐ Change Forrest R. Whittaker 1345 Waukegon Rd # 120 NAME LOVAAS, HELEN HUDSON NAME 41689 ENTERPRISE CIR N STE 216 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEMECULA, CA 92590 CITY-ST-ZIP BUNJOCKBURA, IL VICE Pres - Director C144 ton B. Sharp 155 S. Limeride Road SCFO Delete ☐ Change ☐ Addition TITLE YOUNT, PATRICK NAME NAME STREET ADDRESS 27711 DIAZ RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Limerick, PA 19468 TEMECULA, CA 92590 Vice pres - Treasurer C. Ic Prey Jucobs 155 S. Limerick Road Limerick, PA 19468 PD **⊠** Delete Addition TITLE TITLE ☐ Change FRENCH, CHARLES A NAME NAME STREET ADDRESS 27711 DIAZ RD. STREET ADDRESS TEMECULA, CA 925899020 CiTY-ST-2IP CITY-ST-ZIP Secretary Cynthia Shuro Delete TITLE ☐ Change **Addition** TITLE SPOGLI, RONALD P NAME NAME 5. Limerick Road Menick, PA 19 468 111100 SANTA MONICA BLVD STE 100 STREET ADDRESS STREET ADDRESS 155 CITY-ST-ZIP LOS ANGELAS, CA 90025 CITY-ST-ZIP **S** Delete TITLE ☐ Addition TITLE RULLMAN, CHARLES P NAME NAME STREET ADDRESS 111100 SANTA MONICA BLVD STE 100 STREET ADDRESS CITY-ST-ZIP LOS ANGELAS, CA 90025 CITY-ST-ZIP TITLE Addition | TITLE Delete RALPH, JON D NAME 111100 SANTA MONICA BLVD STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELAS, CA 90025 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 furtifier 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. FLOOR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Cluyton B. Sharp

SIGNATURE:

610-948-2880

FILED