

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90105 036 \*\*\*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

4. FEI Number **95-1867330**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete  
NAME **PD FRENCH, CHARLES A**  
STREET ADDRESS **27711 DIAZ RD.**  
CITY-ST-ZIP **TEMECULA CA 92589-9020**

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

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

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

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

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

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-03  
Date

909-676-5611  
Daytime Phone #

CR2E034 (10/02)