FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90058 036 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000002243

1. Corporation Name

SUNCARE RESPIRATORY SERVICES, INC.

| | | • | | | | | | |
|---|---|---|-------------------|-----------------|---------------|--|--|--|
| Principal Place | of Business | Mailing Address | | | | L INDIVER ILING INTER SITTIN ORING ROTHS ORING SOURS STATE | | |
| 101 SUN AVENUE NE ALBUQUERQUE NM 87109 US | | 101 SUN AVENUE NE ATTN: LEGAL DEPT ALBUQUERQUE NM 87109 | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | |
| | | US | | | | 04/20/1995 | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For | | |
| 21 | | 26 | | | | 35-1812159 Not Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| 22 | | 27 | | | | Fee Required | | |
| City & State | • | City & State | | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | 28 | Coul | ntry | _ | 8. This corporation owes the current year Intangible | | |
| 24 | 25 | | 10 | • | | Personal Property Tax. ☐ Yes ☐ No | | |
| | 9. Name and Address of Current | | | | | 10. Name and Address of New Registered Agent | | |
| | | | | 81 | Name | | | |
| | CORPORATION SYSTEM | | į | 82 | Street / | Address (P.O. Box Number is Not Acceptable) | | |
| | South Pine Island Road Itation FL 33324 | 83 | | | | | | |
| FLAN | IIAHON IE 30024 | | | 33 | _ | | | |
| | | | (| 84 | City | FL 85 Zip Code | | |
| 11. Pursuant t | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | s, the a | pove | -named | corneration submits this statement for the purpose of changing its registered | | |
| office or re | egistered agent, or both, in the State of m familiar with, and accept the obligation | t Florida. Such change was aut | morizea | DVI | ine corpi | oration's board of directors. I hereby accept the appointment as registered | | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered agent | | Registered 13. | Agent | t signature n | required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| 12. | VPD OFFICERS AND | DIRECTORS DELETE | 1.1 T/I | LE | | D Change Addition | | |
| NAME | LEVIN, ROBERT A | | 1.2 NA | | | Mark G. Wimer | | |
| STREET ADDRESS | 101 SUN AVENUE NE | | 1.3 ST | REET | ADDRESS | 101 Sun Avenue, NE | | |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | | 1.4 CI | ry-st | -ZIP | Albuquerque, NM 87109 | | |
| TITLE | AS | ☐ DELETE | 2.1 T(T | ι£ | | the Change | | |
| NAME | BERT, MICHAEL T | | 2.2 NA | ME | | Berg, Michael T. | | |
| STREET ADDRESS | 101 SUN AVENUE NE | | 2.3 ST | REET | ADDRESS | | | |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | | 2.4 CI | | T-ZIP | ☐ Change ☐ Addition | | |
| TITLE | P | ☐ DELETE | 3.1 T/T | | | | | |
| NAME | FUTCH, TOM R | ın • | 3.2 NA | | ADDRESS | | | |
| STREET ADDRESS | 106 E COLLEGE AVE, SUITE 80 TALLAHASSEE FL 32301 | U | 3.4. CI | | | | | |
| CITY-ST-ZIP TITLE | VP | ☐ DELETE | 4.1 TT | | | Change Addition | | |
| NAME | WARRICK, WILLIAM C | | 4.2 N | AME | | | | |
| STREET ADDRESS | 101 SUN AVENUE NE | | 4.3 ST | REET | ADDRESS | , | | |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 4440 | | _ | 4.4 CITY-ST-ZIP | | | | |
| TITLE | S | ☐ DELETE | 5.1 TIT | | | ☐ Change ☐ Addition | | |
| NAME | MANN, NIKKI J | | 5.2 NA | | | | | |
| STREET ADDRESS | 101 SUN AVENUE NE | | - | | ADDRESS | | | |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | DELETE | 5.4 CI 6.1 TI | | -⊿P | Change Addition | | |
| ITTLE | D WOLTH DOGERT D | □ DETEIE | 6.2 N/ | | | 30, | | |
| NAME | WOLTIL, ROBERT D | | | | ADDRESS | , | | |
| STREET ADDRESS | 101 SUN AVENUE NE | | | | | 1 | | |

14. 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 attactiment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ALBUQUERQUE NM 87109

E REQMichaelDr. Berg, Asst. Sec.

505-821-3355

SUNCARE RESPIRATORY SERVICES, INC.

OFFICERS & DIRECTORS

| <u>Title</u> | Name | Address | Term |
|---|--------------------|--|---|
| President | Tom R. Futch | 106 E. College Avenue Tallahassee, FL 32301 | Until successor is duly elected and qualified |
| Vice President and Chief Financial Officer | Robert D. Woltil | 101 Sun Avenue NE Albuquerque, NM 87109 | Until successor is duly elected and qualified |
| Vice President and Controller | William C. Warrick | 101 Sun Avenue NE Albuquerque, NM 87109 | Until successor is duly elected and qualified |
| Vice President and Treasurer | Matthew G. Patrick | 101 Sun Avenue NE Albuquerque, NM 87109 | Until successor is duly elected and qualified |
| Assistant Treasurer | D. Craig Hayes | 101 Sun Avenue NE Albuquerque, NM 87109 | Until successor is duly elected and qualified |
| Secretary | Nikki J. Mann | 101 Sun Avenue NE Albuquerque, NM 87109 | Until successor is duly elected and qualified |
| Assistant Secretary | Michael T. Berg | 101 Sun Avenue NE Albuquerque, NM 87109 | Until successor is duly elected and qualified |
| Assistant Secretary | Jeffrey C. Gilmore | 101 Sun Avenue NE Albuquerque, NM 87109 | Until successor is duly elected and qualified |
| Director | Mark G. Wimer | 101 Sun Avenue NE Albuquerque, NM 87109 | Until successor is duly elected and qualified |
| Director | Robert D. Woltil | 101 Sun Avenue NE Albuquerque, NM 87109 | Until successor is duly elected and qualified |