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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003528 (5)

1. Corporation Name:

RESPIRATORY CARE SERVICES, INC. OF DELAWARE



Principal Place of Business

400 NORTHRIDGE RD., #400
ATLANTA GA 30350

Mailing Address

400 NORTHRIDGE RD., #400
ATLANTA GA 30350-3332

3. Date Incorporated or Qualified 07/21/1995		3a. Date of Last Report 03/15/1996	
4. FEI Number 58-2172295		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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

2. Principal Place of Business		2a. Mailing Address	
21 1105 Sanctuary Pkwy.		26 1105 Sanctuary Pkwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Suite 100		27 Suite 100	
City & State		City & State	
23 Alpharetta, GA 30201		28 Alpharetta, GA 30201	
Zip	Country	Zip	Country
24 30201	25 Fulton	29 30201	30 Fulton

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	BARDIS, JOHN A	1.2 NAME	
STREET ADDRESS	400 NORTHRIDGE RD., #400	1.3 STREET ADDRESS	1105 Sanctuary Pkwy, Ste. 100
CITY-ST-ZIP	ATLANTA GA 30350	1.4 CITY-ST-ZIP	Alpharetta, GA 30201
TITLE	VTD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	MYLL, DONALD R	2.2 NAME	
STREET ADDRESS	400 NORTHRIDGE RD., #400	2.3 STREET ADDRESS	1105 Sanctuary Pkwy, Ste. 100
CITY-ST-ZIP	ATLANTA GA 30350	2.4 CITY-ST-ZIP	Alpharetta, GA 30201
TITLE	S ☐ DELETE	3.1 TITLE	VS ☒ Change ☐ Addition
NAME	GLENN, JONATHAN H	3.2 NAME	
STREET ADDRESS	400 NORTHRIDGE RD., #400	3.3 STREET ADDRESS	1105 Sanctuary Pkwy, Ste. 100
CITY-ST-ZIP	ATLANTA GA 30350	3.4 CITY-ST-ZIP	Alpharetta, GA 30201
TITLE	AS ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BODIE, JAMES A	4.2 NAME	
STREET ADDRESS	400 NORTHRIDGE RD., STE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	V ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HATHCOCK, ROY L	5.2 NAME	
STREET ADDRESS	821-D LIVINGSTON CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	P ☒ Change ☐ Addition
NAME	WEBB, LARRY A	6.2 NAME	
STREET ADDRESS	821-D LIVINGSTON CT.	6.3 STREET ADDRESS	1105 Sanctuary Pkwy., Ste. 100
CITY-ST-ZIP	MARIETTA GA	6.4 CITY-ST-ZIP	Alpharetta, GA 30201

14. I do 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.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

(770) 569-1840

CR2E034 (9/96)