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May 10, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000003528

1. Corporation Name

RESPIRATORY CARE SERVICES, INC. OF DELAWARE

Principal Place of Business		Mailing Address						
400 W. MARKET ST. SUITE 3300 STE 100		400 W. MARKET ST SUITE 3300						
					DO NOT WRITE IN THIS SPACE			
LOUISVILLE KY 40202		LOUISVILLE KY 40202 US			3. Date Incorporated or Qualifed			
US		00			07/21/1995			
	ace of BusinessOne Vencor Plac	4 2- Mailine Address One	Vonco	Place	4. FEI Number	Apr	lied For	
		26 680 South Furth Street			58-2172295	ļ_— 	Applicable	
21 680 South Fourth Street Suite, Apt. #, etc.		Suite, Apt. #, etc.			30 2 172293	\$8,75 A		
		27			5. Certificate of Status Desired Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes the current year Intangible			
23 Louisville, KY		Louisville, KY						
Zip Country		Zip Country						
	0202-2412 25 USA 29 40202-2412 30		30	USA Personal Property Tax. 🗓 Yes 🗆 No				
24(-10202	9. Name and Address of Current		_((<u> </u>	10. Name and Address of New Registere	ed Agent		
				81 Name				
C T CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD				oz Sueer	Street Address (P.O. Box Number is Not Acceptable)			
Plan	NTATION FL 33324			83				
						. 85 Zip C	'oda	
ı	The first of the contract of			84 City	F	E 85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	utes, the a	bove-named	corporation 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	Florida, Such change was	autnorized	oy the corp	oration's board of directors. I hereby accept the app	pointment as reg	ısterea	
-	il lamiliai with, and accept the obligation	01, 00000, 100 (10000, 11	onda otat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature	required when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PCEO 🔀 DELETE		1 1 TI	rLE	See Attached List	Change	▼ Addition	
NAME	LUNSFORD, W. BRUCE		1.2 N/	ME				
STREET ADDRESS	400 W. MARKET ST, SUITE 330	0	1.3 \$1	REET ADDRESS				
CITY-ST-ZIP	LOUISVILLE KY 40202		1.4 CI	TY-ST-ZIP				
TITLE	COOV	X DELETE	2.1 ΤΙ	TLE.	See Attached List	☐ Change	X Addition	
NAME	BARR, MICHAEL R.		2.2 N	ME			İ	
STREET ADDRESS	400 W. MARKET ST, SUITE 330	0	2.3 \$1	REET ADDRESS				
CITY-ST-ZIP	LOUISVILLE KY 40202		2.4 C	TY-ST-ZIP				
TITLE	EVPC	☑ DELETE	3.1 TI	rle T	See Attached List	Change	X Addition	
NAME	REE, W. EARL I		32 N	ME				
STREET ADDRESS	400 W. MARKET ST, SUITE 330	0	3.3 \$1	REET ADDRESS				
CITY-ST-ZIP	LOUISVILLE KY 40202		3.4. C	ITY-ST-ZIP				
TITLE	S	☐ DELETE	4.1 TI	RΕ		X Change	Addition	
NAME	LANDENWICH, JOSEPH L.		4. 2 N	AME				
STREET ADDRESS	400 W. MARKET ST, SUITE 330	0	435	REET ADDRESS	One Vencor Place, 680 South Fo	irth Street		
CITY-ST-ZIP	LOUISVILLE KY 40202		4.4 C	TY-ST-ZIP				
TITLE	T	☐ DELETE	5.1 17	πE		🙀 Change	☐ Addition	
NAME	LECHLEITER, RICHARD A.		5.2 N	ME				
STREET ADDRESS	400 W. MARKET ST, SUITE 330	0	5.3 S	REET ADDRESS	One Vencor Place , 680 South Fo	ourth Stree	t	
CITY-ST-ZIP	LOUISVILLE KY 40202			TY-ST-ZIP				
TITLE	VP	☐ DELETE	6.1 T!	ne		🔀 Change	☐ Addition	

14. 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 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, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

WOOD, BRIAN K.

LOUISVILLE KY 40202

400 W. MARKET ST, SUITE 3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian K. Wood

(502) 596-7300

One Vencor Place, 680 South Fourth Street

Date

Daytime Phone #

DIRECTORS:

Jill L. Force

Director

Primary

One Vencor Place, 680 South Fourth Street

Address:

Louisville, KY 40202-2412

James H. Gillenwater, Jr.

Director

Primary

One Vencor Place, 680 South Fourth Street

Address:

Louisville, KY 40202-2412

Richard A. Schweinhart

Director

Primary Address:

One Vencor Place, 680 South Fourth Street

Louisville, KY 40202-2412

OFFICERS:

William M. Altman

Vice President, Compliance

Primary

One Vencor Place, 680 South Fourth Street

Address:

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Frank W. Anastasio

President, Ancillary Services

Primary

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Address:

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Frank J. Battafarano

President, Hospital Division

Primary

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Richard E. Chapman

Senior Vice President, Information Systems

Primary

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J. Guy Conces

Vice President, Clinical/Business Systems Development

Primary

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R. John Cowgill

Vice President, Facilities Management

Primary

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Donald D. Finney

President, Nursing Center Division

Primary

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Jill L. Force

Senior Vice President, General Counsel and Secretary

Primary

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James H. Gillenwater, Jr.

Senior Vice President, Planning and Development

Primary

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Thomas L. Grissom

Vice President, Government Affairs

Primary

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Richard Gurka

Senior Vice President, Central Region

Primary

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Cecelia A. Hagan

Vice President, Human Resources

Primary

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Vincent S. Hambright

Senior Vice President, Pacific Region

Primary

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Assistant Secretary

Primary

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Richard A. Lechleiter

Vice President, Finance and Corporate Controller

Primary

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Address:

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Katheryn J. Markham

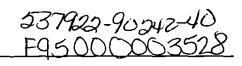
Vice President, Information Systems

Primary

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Address:

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Steven L. Monaghan

Senior Vice President, Midwest Region

Primary

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Vice President, Corporate Communications

Primary

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Anne M. Nipp

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Primary

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John V. Oliver

Senior Vice President, Southwest Region

Primary

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Senior Vice President, Mid America Region

Primary Address:

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Brian L. Pugh

Senior Vice President, North Region

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Vice President and Assistant General Counsel

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Thomas M. Schuhmann

Vice President, Reimbursement

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Senior Vice President and Chief Financial Officer

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Vice President, Financial Systems Development

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Brian K. Wood

Vice President, Tax

Primary

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Address:

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Edward L. Kuntz

Chief Executive Officer and President

Primary

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T. Stephen Turner

Senior Vice President, West Region

Primary

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