

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2000 8:00 am**
Secretary of State

04-27-2000 90013 025 ***150.00

DOCUMENT # F95000003528

1. Entity Name

RESPIRATORY CARE SERVICES, INC. OF DELAWARE

Principal Place of Business

Mailing Address

680 SOUTH FOURTH STREET
LOUISVILLE KY 40202
US680 SOUTH FOURTH STREET
LOUISVILLE KY 40202-2407
US

2. Principal Place of Business

3. Mailing Address

680 South Fourth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: Tax Dept

City & State

City & State

Louisville, KY

Zip

Country

Zip

Country

40202-2412

USA

4. FEI Number

58-2172295

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LANDENWICH, JOSEPH L.
1 VENCOR PLACE 680 S. 4TH STREET
LOUISVILLE KY 40202 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LECHLEITER, RICHARD A.
1 VENCOR PLACE 680 S. 4TH STREET
LOUISVILLE KY 40202 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WOOD, BRIAN K.
1 VENCOR PLACE 680 S. 4TH STREET
LOUISVILLE KY 40202 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
See attached list ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
See attached list ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
See attached list ☐ Change ☒ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian K. Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

502-596-7300

Thomas L. Grissom
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412

Vice President, Government Affairs