## 2001 Uniform Business Report (UBR)

## FILED May 18, 2001 8:00 am Secretary of State F95000003528 DOCUMENT # 1. Entity Name RESPIRATORY CARE SERVICES, INC. 05-18-2001 91581 020 \*\*\*150 00 Principal Place of Business Mailing Address **680 SOUTH FOURTH STREET** 680 SOUTH FOURTH STREET ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 A0070096 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 58-2172295 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees $\Box$ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT ☐ Change ☐ Addition TITLE ☐ Delete TITLE EDWARD L. KUNTZ NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP TREASURER ■ Addition TITLE ☐ Delete TITLE ☐ Change RICHARD A. LECHLEITER NAME NAME **680 SOUTH FOURTH STREET** STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP **SECRETARY** TITLE Addition ☐ Delete TITLE JOSEPH L. LANDENWICH NAME NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Delete TITLE Change ☐ Addition TITLE MICHAEL E. MOAD NAME NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP SR VICE PRESIDENT ☐ Defete Change Addition TITLE TITLE NAME RICHARD A. SCHWEINHART NAME STREET ADDRESS **680 SOUTH FOURTH STREET** STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition SR VICE PRESIDENT NAME NAME JAMES H. GILLENWATER, JR STREET ADDRESS STREET ADDRESS **680 SOUTH FOURTH STREET**

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.

CITY-ST-ZIP

LOUISVILLE, KY 40202

CITY-ST-ZIP

SIGNATURE: \_

MICHAEL E. MOAD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

502-596-7300

CR2E034 (11/00)

## Respiratory Care Services, Inc.

**DIRECTORS** 

James H. Gillenwater, Jr.

Director

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

M. Suzanne Riedman

Director

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Richard A. Schweinhart

Director

Primary Address:

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