Apr 11, 2003 8:00 am Secretary of State

FILED

04-11-2003 90188 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	F95000	0003528

1. Entity Name

RESPIRATORY CARE SERVICES, INC. OF DELAWARE

Principal Place of Business 680 SOUTH FOURTH STREET LOUISVILLE KY 40202 US Mailing Address 680 SOUTH FOURTH STREET ATTN: TAX DEPT. LOUISVILLE KY 40202 US											
2. Principal Place of Business			3. Maili	3. Mailing Address			1 1441144 1119 19101 81111 89111 89111				
Suite, Apt. #, etc. Suite			Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FEI Number 58-2172295 Applied For Not Applicable				
Zip		Country	Zip	Zip Country 5			5. Certificate of Status Desired		.75 Addi		
-	6. Name	and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent					
					Name	Name					
C T CORE	PORATION S	SYSTEM			Street Address (P.O. Box Number is Not Acceptable)						
1200 SOL	JTH PINE IS	LAND ROAD									
PLANTATI	ON FL 3332	4									
					City			FL	Zip Code	,	
B The chaus	named online	aubmita this statement f	ar the muse	and of observation its	agistored office a		agent, or both, in the State of Florid		lios with s		
	tions of registe		or the purpo	use of changing its r	egistered office t	r registered	agent, or both, in the state of Florid	a. Tannanii	nai wilii, a	ли ассері	
										}	
SIGNATURE	Signature, typed o	or printed name of registered agent	and title if appli	cable. (NOTE:	Registered Agent signa	ture required who	en reinstating)	DATE			
F	II E NOWIII	FEE IS \$150.00									
		3 Fee will be \$550.00					9. Election Campaign Finan	_		May Be	
		Florida Department o	f State				Trust Fund Contribution.		Added	to Fees	
10.		OFFICERS AND	DIRECTOR	RS	11.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIF	RECTORS	IN 11	
TITLE	S			Delete	TITLE				Change	☐ Addition	
NAME		CH, JOSEPH L.			NAME						
STREET ADDRESS CITY-ST-ZIP		1 Fourth Street E Ky 40202			STREET ADDRESS CITY-ST-ZIP						
	LOUISVILLE	E N1 40202			<u> </u>	 					
TITLE NAME		R, RICHARD A.		Delete Delete	TITLE NAME			Ц	Change	Addition	
STREET ADDRESS		H FOURTH STREET			STREET ADDRESS						
CITY-ST-ZIP		KY 40202			CITY-ST-ZIP						
TITLE	P		· <u>-</u>	X Delete	TITLE	Pres	ident	· · · · ·	Change	'X Addition	
NAME	KUNTZ, ED	WARD			NAME		J. Diaz		_		
STREET ADDRESS		I FOURTH STREET			STREET ADDRESS		South Fourth Str			}	
CITY-ST-ZIP	LOUISVILLE	KY 40202			CITY-ST-ZIP		sville, KY 4020	<u> </u>			
TITLE	VP			🔀 Delete	TITLE	Vice	President, Tax		Change	XAddition	
NAME	MOAD, MIC	HAEL E			NAME	1 4 5 C	ed at H	ank Ro	obins	son	
STREET ADDRESS CITY-ST-ZIP	680 SOUTE LOUISVILLE	FOURTH STREET			STREET ADDRESS CITY-ST-ZIP	Loui	South Fourth St. sville, KY 4020	reet ?			
	SRVP	N1 40202		477 n. i .			 		Chance	- Addition	
TITLE NAME		IART, RICHARD A		X Delete	TITLE NAME		President	L	Change	Addition	
STREET ADDRESS		FOURTH STREET			STREET ADDRESS	Davi	d R. Windhorst			{	
CITY-ST-ZIP	LOUISVILLE				CITY-ST-ZIP	Loui	South Fourth Straville, KY 40202	reet 2			
TITLE	SRVP			☐ Delete	TITLE		, <u> </u>		Change	Addition	
NAME		TED IAMES H ID			NAME	ſ					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 680 SOUTH FOURTH ST.

LOUISVILLE KY 40202

Hank Robinson 4/2/2003

502-596-7300

Attachment 30029004 #F9500003528

Respiratory Care Services, Inc.

DIRECTORS

James H. Gillenwater, Jr.

Director

Primary

680 South Fourth Avenue

Address:

Louisville, KY 40202

M. Suzanne Riedman

Director

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Richard A. Lechleiter

Director

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

OFFICERS

William M. Altman Primary Address: Vice President, Compliance and Government Relations

680 South Fourth Avenue

Louisville, KY 40202

Frank J. Battafarano

President, Hospital Division

Primary Address:

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Barbara Baylis

Sr. Vice President, Clinical & Residential Services; Health Services Division

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Kimberly A. Beach

Director

Primary Address:

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Senior Vice President, South Region

Primary Address:

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Primary Address:

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R. John Cowgill

Vice President, Facilities Management

Primary Address:

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Paul J. Diaz

President and Chief Operating Officer

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

Stephen M. Dobler

Vice President, I/S and Administration

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412 Respiratory Care Services, Inc.

Attachment

#F9500003528

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Vice President, Clinical/Business Systems Development

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Chief Medical Officer, Health Services Division

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Attachment

30229004 #F9500003528

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Respiratory Care Services, Inc.

Attachment

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