

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G74417

FILED
Jan 06, 2010
Secretary of State

Entity Name: PROFESSIONAL RESPIRATORY HOME CARE, INC.

Current Principal Place of Business:

1020 N. PARROTT AVENUE
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

1020 N. PARROTT AVENUE
OKEECHOBEE, FL 34972 US

New Mailing Address:

FEI Number: 59-2156111 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWNING, WALTER
5464 LORI VALLEY LN
KELLER, FL 76248 US

Name and Address of New Registered Agent:

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: WALTER BROWNING

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: BROWNING, WALTER
Address: 5464 LORI VALLEY LN
City-St-Zip: KELLER, TX 76248 US

Title: VP
Name: BROWNING, DONNA
Address: 5464 LORI VALLEY LN
City-St-Zip: KELLER, TX 76248 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER BROWNING

P

01/06/2010

Electronic Signature of Signing Officer or Director

Date