

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G74417

**FILED**  
**Nov 14, 2011**  
**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BROWNING, WALTER  
31 HARBOUR ISLES DR. WEST  
UNIT 202  
FT. PIRCE, FL 34949 US

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

11/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWNING, WALTER  
Address: 31 HARBOUR ISLES DR. WEST  
City-St-Zip: FT. PIRCE, FL 34949 US

Title: VP  
Name: BROWNING, DONNA  
Address: 31 HARBOUR ISLES DR. WEST  
City-St-Zip: FT. PIRCE, FL 34949 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: WALTOR BROWNING

PRES

11/14/2011

Electronic Signature of Signing Officer or Director

Date