


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 26, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L01000017497</b>		
1. Entity Name RESPIRATORY CARE, L.L.C.		
Principal Place of Business 1804 E. GARY RD LAKELAND, FL 33801	Mailing Address 1804 E. GARY RD LAKELAND, FL 33801	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DURRWACHTER, VERONICA A 1604 CRYSTAL LAKE DR LAKELAND, FL 33801		<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DURRWACHUER, VERONICA 1604 CRYSTAL LAKE DR LAKELAND, FL 33801	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
<b>SIGNATURE:</b> <i>Veronica Durwachter</i>		<b>1-5-04 863-581-1698</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3755736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required