

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000102898

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA RESPIRATORY CARE, "LLC"

**Current Principal Place of Business:**

15490 SW 230TH STREET  
MIAMI, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

15490 SW 230TH STREET  
MIAMI, FL 33170

**New Mailing Address:**

**FEI Number:** 26-3290562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOURGUE, KENNETH A  
15490 S.W. 230TH STREET  
MIAMI, FL 33170 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GOURGUE, KENNETH A  
Address: 15490 S.W. 230TH STREET  
City-St-Zip: MIAMI, FL 33170

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: KENNETH A. GOURGUE

MGR

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date