## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 01, 2007 08:00 A **DOCUMENT # M85671** Secretary of State RELIABLE RESPIRATORY CARE, INC. Principal Place of Business Mailing Address P.O. BOX 820240 922 NE 167TH STREET SOUTH FLORIDA, FL 33082-0240 MIAMI, FL 33162 No Chg-P CR2E034 (11/05) 02272007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0057216 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLLINS, WILLIE DO NOT WRITE 992 NE 167TH STREET MIAMI, FL 33162 IN THIS SPACE 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 famillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE NAME **COLLINS, WILLIE** U00000651858 STREET ADDRESS 3165 INVERNESS 03/09/07-90024-021 150.00 CITY-ST-ZIP WESTON, FL 33332 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

Willie Collins.