


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90028 048 ***150.00

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # M85671 1. Entity Name RELIABLE RESPIRATORY CARE, INC. | | | |  | |
| Principal Place of Business 922 NE 167TH STREET MIAMI, FL 33162 | | | Mailing Address P.O. BOX 820240 SOUTH FLORIDA, FL 33082-0240 | | |
| 2. Principal Place of Business - No P.O. Box # 3165 Inverness | | 3. Mailing Address 3165 Inverness | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Weston, FL 33332 | | City & State Weston, Florida | | 4. FEI Number 65-0057216 | |
| Zip 33332 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent COLLINS, WILLIE 992 NE 167TH STREET MIAMI, FL 33162 | | | 7. Name and Address of New Registered Agent Name Willie Collins Street Address (P.O. Box Number is Not Acceptable) 3165 Inverness City Weston, Florida FL Zip Code 33332 | | |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD COLLINS, WILLIE 3165 INVERNESS WESTON, FL 33332 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u>Willie Collins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4-16-08 (954) 384-7966 <small>Date Daytime Phone #</small> | | |