

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90021 013 \*\*\*150.00

**DOCUMENT # P00000007962**

1. Entity Name  
**RESPIRATORY CARE EXTENDED SERVICES, INC.**



Principal Place of Business  
**5522 BARNSTEAD CIRCLE  
SUITE 3  
LAKE WORTH, FL 33463-6617**

Mailing Address  
**5522 BARNSTEAD CIRCLE  
SUITE 3  
LAKE WORTH, FL 33463-6617**

90000000

2. Principal Place of Business - No P.O. Box #  
**15268 77th TRAIL N**

3. Mailing Address  
**15268 77th TRAIL N**

Suite, Apt. #, etc.



03022008 Chg-P CR2E034 (12/06)

City & State  
**PBG, FL**

Country  
**USA**

Zip  
**33418**

4. FEI Number  
**65-0976682**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOSS, HOSEA J  
5522 BARNSTEAD CIRCLE  
SUITE 3  
LAKE WORTH, FL 33463-6617**

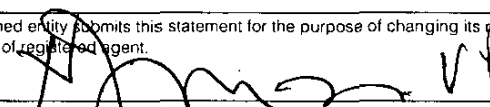
7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**15268 - 77th TRAIL N.**

City  
**Palm Beach Gardens, FL**

Zip Code  
**33418**

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  VP

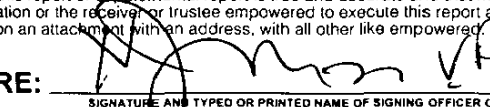
DATE **3/2/08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>15268 77th TRAIL N.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOSS, HOSEA J</b>		NAME <b>PBG, FL 33418</b>	
STREET ADDRESS <b>5522 BARNSTEAD CIR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKE WORTH, FL 334636617</b>		CITY-ST-ZIP	
TITLE <b>PRES</b>	<input type="checkbox"/> Delete	TITLE <b>16263-89th PLACE N.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HANSON, DIANA</b>		NAME <b>Loxahatchee, FL 33470</b>	
STREET ADDRESS <b>10044 SW 152 TERRACE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 331670127</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  VP

DATE **3/2/08** 786 367-0635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR