2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P01000041084

Entity Name: HOME RESPIRATORY CARE, INC.

Current Principal Place of Business:

452 NORTH TEMPLE AVENUE
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

452 NORTH TEMPLE AVENUE
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-3714869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINES, BRET J SR.
355 MYRTLE ST
STARKE, FL 32091 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

OFFICERS AND DIRECTORS:

Title: PD
Name: HINES, BRET J SR.
Address: 335 MYRTLE ST
City-St-Zip: STARKE, FL 32091

Title: VPD
Name: MAAS, ANNE E
Address: 565 HEBRON AVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD
Name: HINES, CHERYL T
Address: 335 MYRTLE ST
City-St-Zip: STARKE, FL 32091

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRET J HINES PRES 01/06/2011

Electronic Signature of Signing Officer or Director Date