

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041084

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** HOME RESPIRATORY CARE, INC.

**Current Principal Place of Business:**

417-B W EDWARDS RD  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

417-B W EDWARDS RD  
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:**

HINES, BRET J SR.  
335 N MYRTLE ST  
STARKE, FL 32091 US

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

01/06/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HINES, BRET J SR.  
Address: 335 N 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 N 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, SR

PD

01/06/2012

Electronic Signature of Signing Officer or Director

Date