

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000008615

FILED  
Jan 13, 2003  
Secretary of State

**Entity Name:** FIRST CHOICE RESPIRATORY CARE, INC.

**Current Principal Place of Business:**

4566 LONGLEAF COURT  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

4566 LONGLEAF COURT  
ORANGE PARK, FL 32003

**New Mailing Address:**

FEI Number: 01-0562934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, WILLIAM L JR  
2301 PARK AVENUE  
SUITE 404  
ORANGE PARK, FL 32073

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OWN ( ) Change (X) Addition  
Name: LANCASTER, GARY J OWNER  
Address: 4566 LONGLEAF CRT  
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY LANCASTER

OWN

01/13/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date