

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022685

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: ABSOLUTE RESPIRATORY CARE, INC.

## Current Principal Place of Business:

12547 WOODLEA ROAD  
TAVARES, FL 32778

## New Principal Place of Business:

## Current Mailing Address:

12547 WOODLEA ROAD  
TAVARES, FL 32778

## New Mailing Address:

408 N. ALEXANDER STREET  
PLANT CITY, FL 33563

FEI Number: 82-0538940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEEL, WILLIAM  
408 W. ALEXANDER ST.  
PLANT CITY, FL 33563 US

## Name and Address of New Registered Agent:

KEEL, WILLIAM J  
408 W. ALEXANDER ST.  
PLANT CITY, FL 33563 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: WILLIAM J. KEEL

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HURLEY, DODI  
Address: 29116 BEAUCLAIRE DR.  
City-St-Zip: TAVARES, FL 32778

Title: DV ( ) Delete  
Name: MARASIGAN, NELSON  
Address: 4012 MOORINGS LANE  
City-St-Zip: ORLANDO, FL 32810

Title: DST ( ) Delete  
Name: DOMINGUS, JANET  
Address: 15115 COLLEY DR.  
City-St-Zip: TAVARES, FL 32778

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ROLLYSON, DEANNA C  
Address: 408 N. ALEXANDER STREET  
City-St-Zip: PLANT CITY, FL 33563

Title: VP (X) Change ( ) Addition  
Name: KEEL, WILLIAM J  
Address: 3016 SUTTON WOODS DRIVE  
City-St-Zip: PLANT CITY, FL 33566

Title: VP (X) Change ( ) Addition  
Name: LOTT, RICK A  
Address: 408 N. ALEXANDER STREET  
City-St-Zip: PLANT CITY, FL 33563

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: WILLIAM J. KEEL

VP

04/12/2005

Electronic Signature of Signing Officer or Director

Date