

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091357

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: RESPIRATORY CARE PROVIDERS, INCORPORATED

## Current Principal Place of Business:

14102 SOUTHWEST 110 AVENUE  
MIAMI, FL 33176

## New Principal Place of Business:

5575 NW WESLEY CT.  
PSL, FL 34986

## Current Mailing Address:

14102 SOUTHWEST 110 AVENUE  
MIAMI, FL 33176

## New Mailing Address:

5575 NW WESLEY CT.  
PSL, FL 34986

FEI Number: 13-4210823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCAVELLA, ROCHELLE  
14102 SOUTHWEST 110 AVENUE  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

SCAVELLA, ROCHELLE  
5575 NW WESLEY CT.  
PSL, FL 34986 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCAVELLA, ROCHELLE  
Address: 14102 SOUTHWEST 110 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: V ( ) Delete  
Name: SCAVELLA, FELIX  
Address: 14102 SOUTHWEST 110 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete  
Name: SCAVELLA, KELLY  
Address: 14102 SOUTHWEST 110 AVENUE  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SCAVELLA, ROCHELLE  
Address: 5575 NW WESLEY CT.  
City-St-Zip: PSL, FL 34986

Title: V (X) Change ( ) Addition  
Name: SCAVELLA, FELIX  
Address: 5575 NW WESLEY CT.  
City-St-Zip: PSL, FL 34986

Title: S (X) Change ( ) Addition  
Name: SCAVELLA, KELLY  
Address: 5575 NW WESLEY CT.  
City-St-Zip: PSL, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROCHELLE SCAVELLA

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date