2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2010
Secretary of State

DOCUMENT# P02000091357

Entity Name: RESPIRATORY CARE PROVIDERS, INCORPORATED

Current Principal Place of Business:

5575 NW WESLEY CT.
PSL, FL 34986

New Principal Place of Business:

Current Mailing Address:

5575 NW WESLEY CT.
PSL, FL 34986

New Mailing Address:

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
5575 NW WESLEY CT.
PSL, FL 34986 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: V
Name: SCAVELLA, FELIX
Address: 5575 NW WESLEY CT
City-St-Zip: PSL, FL 34986

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

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: ROCHELLE SCAVELLA PRES 03/28/2010

Electronic Signature of Signing Officer or Director Date