

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P19944** (8)

1. Corporation Name

DEVILBISS HEALTH CARE, INC.



Principal Place of Business

**1200 EAST MAIN STREET
P.O. BOX 635
SOMERSET PA 15501-7635**

Mailing Address

**1200 EAST MAIN STREET
P.O. BOX 635
SOMERSET PA 15501-7635**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified
07/06/1988

3a. Date of Last Report
11/06/1995

4. FEI Number

36-3557593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or print name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	CHANDLER, RICHARD H	
STREET ADDRESS	1200 E MAIN ST P O BOX 635 NA	
CITY- ST- ZIP	SOMERSET PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREENE, DAVID	
STREET ADDRESS	1200 E MAIN ST POB 635	
CITY- ST- ZIP	SOMERSET PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EASLEY, DAN	
STREET ADDRESS	1200 E MAIN ST P O BOX 635 NA	
CITY- ST- ZIP	SOMERSET PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRICE, LARRY E	
STREET ADDRESS	1200 E MAIN STE P O BOX 635 NA	
CITY- ST- ZIP	SOMERSET PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TARBET, TED N	
STREET ADDRESS	1200 E MAIN ST POB 635	
CITY- ST- ZIP	SOMERSET PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SINASOHN, SAM	
STREET ADDRESS	1200 E MAIN ST POB 635	
CITY- ST- ZIP	SOMERSET PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S Steven Jaye
5.3 STREET ADDRESS	1200 E Main St POB 635
5.4 CITY- ST- ZIP	Somerset PA 15501
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

Date

814-443-7415

Daytime Phone #

CR2E034 (12/95)