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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 15501-0635



3. Date Incorporated or Qualified

07/06/1988

3a. Date of Last Report

02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

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

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 typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO
NAME CHANDLER, RICHARD H
STREET ADDRESS 1200 E MAIN ST P O BOX 635 NA
CITY-ST-ZIP SOMERSET PA ☐ DELETE

TITLE V
NAME GREENE, DAVID
STREET ADDRESS 1200 E MAIN ST POB 635
CITY-ST-ZIP SOMERSET PA ☐ DELETE

TITLE VP
NAME EASLEY, DAN
STREET ADDRESS 1200 E MAIN ST P O BOX 635 NA
CITY-ST-ZIP SOMERSET PA ☐ DELETE

TITLE VP
NAME PRICE, LARRY E
STREET ADDRESS 1200 E MAIN STE P O BOX 635 NA
CITY-ST-ZIP SOMERSET PA ☒ DELETE

TITLE S
NAME STEVEN, JAYE
STREET ADDRESS 1200 E. MAIN STREET P.O. BIX 635
CITY-ST-ZIP SOMERSET PA ☐ DELETE

TITLE AS
NAME SINASOHN, SAM
STREET ADDRESS 1200 E MAIN ST POB 635
CITY-ST-ZIP SOMERSET PA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VP
4.2 NAME SAMUEL W. DICKSON
4.3 STREET ADDRESS 1200 E MAIN STE POBOX 635
4.4 CITY-ST-ZIP SOMERSET PA 15501 ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/97

Date

814-443-7459

Daytime Phone #

CR2E034 (9/96)