## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2001 8:00 am DOCUMENT # P95000073777 Secretary of State RESPIRATORY HOMECARE, INC 05-03-2001 90060 025 \*\*\*150.00 Principal Place of Business Mailing Address 125 CENTRAL DR 1014 KAY JEAN DR BRANDON FL 33510 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address 5904 FLATWOODS MANDE CL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0610200 Not Applicable Zip -Country \$8.75 Additional 5. Certificate of Status Desired sboroug Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STALEY, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 1014 KAY JEAN DR VALRICO FL 33594 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE Change STALEY, WILLIAM C NAME NAME STREET ADDRESS STREET ADDRESS 1014 KAY JEAN DR CITY-ST-ZIP VALRICO FL 33594 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

IRE AND TYPED OR PRINTED NAME OF

STREET ADDRESS

CITY-ST-ZIP