

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755200

**Entity Name:** FLORIDA SOCIETY FOR RESPIRATORY CARE, INC.

**Current Principal Place of Business:**

15 COLERIDGE CT  
PALM COAST, FL 32137

**Current Mailing Address:**

P.O. BOX 354400  
PALM COAST, FL 32135 US

**FEI Number:** 23-7411594

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLERTH, DENNIS AMR  
15 COLERIDGE CT  
PALM COAST, FL 32137 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name JENKINS, KELLEY  
Address 1301 SW 86TH AVE  
City-State-Zip: OKEECHOBEE FL 34974

Title ED  
Name WILLERTH, DENNIS  
Address 15 COLERIDGE CT  
City-State-Zip: PALM COAST FL 32137

Title S  
Name CURTISS, LETA  
Address 5021 96TH TERRACE N  
City-State-Zip: PINELLAS PARK FL 33782

Title T  
Name MANDER, ELIZABETH  
Address 11452 STARBOARD DR  
City-State-Zip: JACKSONVILLE FL 32225

Title PRESIDENT  
Name CHULAK, JAMY MR  
Address 2407 ORSOTA CIRCLE  
City-State-Zip: OCOEE FL 34761

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DENNIS A WILLERTH

**EXECUTIVE DIRECTOR**

**01/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date