

2013 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 P
Name BARRETT, SHERYLE
Address 59 VISTA DEL RIO
City-State-Zip: BOYNTON BEACH FL 33426

Title PE
Name SEBREE, 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 LEROUX, 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

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

01/07/2013

Electronic Signature of Signing Officer/Director Detail

Date