#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 755200** 

Entity Name: FLORIDA SOCIETY FOR RESPIRATORY CARE, INC.

**FILED** Feb 07, 2019 **Secretary of State** 6956960130CC

# **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:

ORLANDO FL 32817

WILLERTH, DENNIS ALAN 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: DENNIS A WILLERTH 02/07/2019

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

Title PRESIDENT ELECT Title ED

BERLIN, THOMAS Name WILLERTH, DENNIS Name 4402 CALM WATER CT Address 15 COLERIDGE CT Address City-State-Zip: PALM COAST FL 32137

Title Т Title S

Name MANDER, ELIZABETH Name CURTISS, LETA Address 11452 STARBOARD DR Address 5021 96TH TERRACE N JACKSONVILLE FL 32225 City-State-Zip: City-State-Zip: PINELLAS PARK FL 33782

Title **PRESIDENT** 

Name PELLMAN, MARK MR 1700 S TAMIAMI TRAIL Address City-State-Zip: SARASOTA FL 34239

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 Electronic Signature of Signing Officer/Director Detail

EXECUTIVE DIRECTOR

02/07/2019