

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74417

Entity Name: PROFESSIONAL RESPIRATORY HOME CARE, INC.

Current Principal Place of Business:

1020 N. PARROTT AVENUE
OKEECHOBEE, FL 34972

Current Mailing Address:

1020 N. PARROTT AVENUE
OKEECHOBEE, FL 34972 US

FEI Number: 59-2156111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWNING, WALTER
116 BIMINI CAY CIRCLE
VERO BEACH, FL 32966 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: WALTER BROWNING

04/21/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BROWNING, WALTER
Address 116 BIMINI CAY CIRCLE
City-State-Zip: VERO BEACH FL 32966

Title VP
Name BROWNING, DONNA
Address 116 BIMINI CAY CIRCLE
City-State-Zip: VERO BEACH FL 32966

Title VP
Name ROMPOT, RONALD E
Address 366 MAIN STREET
City-State-Zip: SEBASTIAN FL 32958

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

SIGNATURE: WALTER BROWNING

PRESIDENT

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date