

**2015 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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

12/15/2015

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

12/15/2015

Electronic Signature of Signing Officer/Director Detail

Date