2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2023
Secretary of State
3879454218CC

DOCUMENT# P96000004837

Entity Name: RESPIRACARE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

3600 VINELAND ROAD, SUITE 114
ORLANDO, FL 32811

Current Mailing Address:

3600 VINELAND ROAD, SUITE 114
ORLANDO, FL 32811 US

FEI Number: 59-3358640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CEO, DIRECTOR	Title	SECRETARY, DIRECTOR
Name	PIGG, TIMOTHY C.	Name	BURRES, STEVEN B.
Address	3600 VINELAND ROAD, SUITE 114	Address	3600 VINELAND ROAD, SUITE 114
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	TREASURER	Title	PRESIDENT
Name	KOENIG, THOMAS J.	Name	MENCHEN, ROBIN L
Address	3600 VINELAND ROAD, SUITE 114	Address	3600 VINELAND ROAD, SUITE 114
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811

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: STEVEN B BURRES SECRETARY 05/01/2023

Electronic Signature of Signing Officer/Director Detail — Date