2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2013
Secretary of State
CC2753354034

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Entity Name: RESPIRACARE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

2600 TECHNOLOGY DRIVE
SUITE 300
ORLANDO, FL 32804

Current Mailing Address:

P.O. BOX 53-6576
ORLANDO, FL 32853-6576 US

FEI Number: 59-3358640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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	PRESIDENT, DIRECTOR	Title	SECRETARY, DIRECTOR
Name	ALSENE, STEVEN P	Name	MYERS, REBECCA L
Address	2600 TECHNOLOGY DRIVE, SUITE 300	Address	2600 TECHNOLOGY DRIVE, SUITE 300
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804
Title	TREASURER		
Name	MEADOR, DAVID J		
Address	2600 TECHNOLOGY DRIVE, SUITE 300		
City-State-Zip:	ORLANDO FL 32804		

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: REBECCA L. MYERS SECRETARY 01/03/2013

Electronic Signature of Signing Officer/Director Detail — Date