

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004977

Entity Name: RESPIRATORY LOGISTICS, INC.**Current Principal Place of Business:**3300 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134**Current Mailing Address:**3300 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US**FEI Number: 27-1116064****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AUERBACH, MARC HESQ
200 S BISCAYNE BLVD, SUITE 3900
MIAMI, FL 33131 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	CD
Name	WITHERS, WAYNE EJR
Address	3300 PONCE DE LEON BOULEVARD
City-State-Zip:	CORAL GABLES FL 33134

Title	STD
Name	REES, AB
Address	3300 PONCE DE LEON BOULEVARD
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	GRAY, DONALD
Address	9 WESTWAY
City-State-Zip:	BRONXVILLE NY 10708

Title	P
Name	WALSH, JOHN W
Address	3300 PONCE DE LEON BOULEVARD
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	BARRETT, ROBERT C
Address	3300 PONCE DE LEON BOULEVARD
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	HUNT, PETER J
Address	849 HARBOR ISLAND
City-State-Zip:	CLEARWATER FL 33767

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: ROBERT C BARRETT**VP, CFO****04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date