

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000005239

**FILED  
Jan 06, 2022  
Secretary of State  
0282232264CC**

**Entity Name:** AMERICARE RESPIRATORY SERVICES INC

**Current Principal Place of Business:**

30 CORPORATE PARK  
SUITE 309  
IRVINE, CA 92606

**Current Mailing Address:**

30 CORPORATE PARK  
SUITE 309  
IRVINE, CA 92606 US

**FEI Number:** 20-0029841

**Certificate of Status Desired:** Yes

**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 P, - CEO  
Name MOTE, LLOYD  
Address 30 CORPORATE PARK  
SUITE 309  
City-State-Zip: IRVINE CA 92606

Title VP, - CFO  
Name MOTE, JONATHAN  
Address 30 CORPORATE PARK  
SUITE 309  
City-State-Zip: IRVINE CA 92606

Title S  
Name MOTE, DONALD  
Address 30 CORPORATE PARK  
SUITE 309  
City-State-Zip: IRVINE CA 92606

*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:** LLOYD MOTE

CEO

01/06/2022

Electronic Signature of Signing Officer/Director Detail

Date