2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000006056

Entity Name: ADVANCED RESPIRATORY, INC.

FILED Sep 19, 2019 **Secretary of State** 3935336225CC

Current Principal Place of Business:

130 EAST RANDOLPH STREET

SUITE 1000

CHICAGO, IL 60601

Current Mailing Address:

130 EAST RANDOLPH STREET

SUITE 1000

CHICAGO, IL 60601 US

FEI Number: 41-1419350 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 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

Officer/Director Detail:

Title ٧P Title **EXECUTIVE DIRECTOR OF MANAGED**

CARE/AUTHORIZED SIGNATORY REDING, ANDY Name

Name ROEHRICH, KARI Address 130 EAST RANDOLPH STREET

Address 130 EAST RANDOLPH STREET **SUITE 1000**

SUITE 1000 CHICAGO IL 60601

City-State-Zip: City-State-Zip: CHICAGO IL 60601

Title SENIOR VICE PRESIDENT AND CHIEF Title VICE PRESIDENT TAX AND FINANCIAL OFFICER

TREASURER BODEM, BARBARA W. Name

Name AUGUSTINE IV MCGOWAN, JOSEPH 130 EAST RANDOLPH STREET Address

Address 130 EAST RANDOLPH STREET **SUITE 1000 SUITE 1000**

CHICAGO IL 60601 City-State-Zip: City-State-Zip: CHICAGO IL 60601

Title SENIOR VICE PRESIDENT, CHIEF

LEGAL OFFICER AND CORPORATE

SECRETARY

Name RASIN, DEBORAH M.

130 EAST RANDOLPH STREET Address

SUITE 1000

City-State-Zip: CHICAGO IL 60601

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.

09/19/2019 SIGNATURE: DEBORAH M. RASIN SECRETARY

Date