## 2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000006056

Entity Name: ADVANCED RESPIRATORY, INC.

**Current Principal Place of Business:** 

1020 WEST COUNTY ROAD F ST. PAUL, MN 55126

**Current Mailing Address:** 

1020 WEST COUNTY ROAD F ST. PAUL. MN 55126 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title SENIOR VICE PRESIDENT, CHIEF Title VICE PRESIDENT AND GENERAL

LEGAL OFFICER, CORPORATE MANAGER, NORTH AMERICA RESPIRATORY CARE, AUTHORIZED SECRETARY

SIGNATORY

Name RASIN, DEBORAH M. JORGENSEN, CHRISTIAN Name

Address 130 E RANDOLPH ST STE 1000

Address 1020 WEST COUNTY ROAD F City-State-Zip: CHICAGO IL 60601

City-State-Zip: ST. PAUL MN 55126

Title **EXECUTIVE DIRECTOR OF MANAGED** Title CARE, AUTHORIZED SIGNATORY

**PRESIDENT** 

Name ROEHRICH, KARI Name BODEM, BARBARA W.

Address 1020 WEST COUNTY ROAD F 130 E RANDOLPH ST STE 1000 Address

City-State-Zip: ST. PAUL MN 55126 City-State-Zip: CHICAGO IL 60601

Title VP, TAX AND TREASURER

Name MCGOWAN, JOSEPH AUGUSTINE IV

Address 130 EAST RANDOLPH STREET

**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.

10/29/2020 VΡ SIGNATURE: DEBORAH M. RASIN

**FILED** Oct 29, 2020

Secretary of State

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