

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755200 (3)**  
1. Corporation Name  
**FLORIDA SOCIETY FOR RESPIRATORY CARE, INC.**



Principal Place of Business      Mailing Address  
**9074 SE ANTIS PLACE**      **9074 SE ANTIS PLACE**  
**P.O. BOX 65**      **P.O. BOX 65**  
**HOBE SOUND FL 33455**      **HOBE SOUND FL 33455**

3. Date Incorporated or Qualified: **11/19/1980**      3a. Date of Last Report: **02/28/1995**  
4. FEI Number: **23-7411594**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      29. Country      30. Country

9. Name and Address of Current Registered Agent  
**NOLAN, PATRICK**  
**9074 ANTIS PLACE**  
**HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*      DATE: **1/22/96**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAINES, LYNN</b>	
STREET ADDRESS	<b>P.O. BOX 1849 N/A</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>PED</b>	<input type="checkbox"/> DELETE
NAME	<b>SOBEL, RICHARD</b>	
STREET ADDRESS	<b>11630 NW 29TH PLACE</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NOLAN, PATRICK (EXEC)</b>	
STREET ADDRESS	<b>9074 ANTIS PLACE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, CAROL</b>	
STREET ADDRESS	<b>2130 MUSKET WAY</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>PRENTISS, RICHARD</b>	
STREET ADDRESS	<b>10935 SW 129TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, LORI</b>	
STREET ADDRESS	<b>18235 104 TERR S</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Marianne Russell</b>	
43 STREET ADDRESS	<b>421 Bard Road</b>	
44 CITY-ST-ZIP	<b>Venice, FL 34293</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	<b>PAST PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*      DATE: **1/25/96**      DAYTIME PHONE #: **941-755-1511 x4518**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)