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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
P.O. BOX 65
HOBE SOUND FL 33455

9074 SE ANTIS PLACE
P.O. BOX 65
HOBE SOUND FL 33475-0065

3. Date Incorporated or Qualified 11/19/1980
3a. Date of Last Report 01/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 23-7411594
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

22 City & State

27 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOLAN, PATRICK
9074 ANTIS PLACE
HOBE SOUND FL 33455

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Patrick W. Nolan
Signature typed or printed name of registered agent and title if applicable.

Patrick W. Nolan
(NOTE: Registered Agent signature required when reinstating)

1/27/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME TD HAINES, LYNN D
STREET ADDRESS P.O. BOX 1849 N/A
CITY-ST-ZIP BRADENTON FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME P SOBEL, RICHARD D
STREET ADDRESS 11630 NW 29TH PLACE
CITY-ST-ZIP SUNRISE FL

2.1 TITLE Change Addition
2.2 NAME Past President Sobel
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME D NOLAN, PATRICK (EXEC) D
STREET ADDRESS 9074 ANTIS PLACE
CITY-ST-ZIP HOBE SOUND FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME PE RUSSELL, MARIANNE D
STREET ADDRESS 421 BARD ROAD
CITY-ST-ZIP VENICE FL

4.1 TITLE Change Addition
4.2 NAME President Russell
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME SD PRENTISS, RICHARD
STREET ADDRESS 10935 SW 129TH ST
CITY-ST-ZIP MIAMI FL

5.1 TITLE Change Addition
5.2 NAME Secretary Cook, Judy D
5.3 STREET ADDRESS 10409 Trout Road
5.4 CITY-ST-ZIP Orlando, FL 32836

TITLE DELETE
NAME PP WRIGHT, LORI
STREET ADDRESS 18235 104 TERR S
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE Change Addition
6.2 NAME President Elect Harnell, Michael D
6.3 STREET ADDRESS P.O. Box 1000
6.4 CITY-ST-ZIP Punta Gorda, FL 33950

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *L Haines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97
Date

941-755-1511 x4518
Daytime Phone # 0000000

CFR2037 (9/96)