

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90234 023 \*\*\*150.00

0303817

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J86226**

1. Corporation Name  
**RESPIRATORY MANAGEMENT SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 % RICHARD M. SOBEL  
 11630 N.W. 29TH PLACE  
 SUNRISE FL 33323

Mailing Address  
 % RICHARD M. SOBEL  
 11630 N.W. 29TH PLACE  
 SUNRISE FL 33323

3. Date Incorporated or Qualified  
**08/10/1987**

4. FEI Number  
**59-2842592**

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **1050 COUNTRY CLUB DR.**  
 Suite, Apt. #, etc.  
 22 **# T-209**  
 City & State  
 23 **MARGATE, FLA.**  
 Zip Country  
 24 **33063** 25 **BROWARD**

2a. Mailing Address  
 26 **1050 COUNTRY CLUB DR.**  
 Suite, Apt. #, etc.  
 27 **# T-209**  
 City & State  
 28 **MARGATE, FLA.**  
 Zip Country  
 29 **33063** 30 **BROWARD**

9. Name and Address of Current Registered Agent  
**SOBEL, RICHARD M.**  
**11630 N.W. 29TH PLACE**  
**SUNRISE FL 33323**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1050 COUNTRY CLUB DRIVE # T-209**  
 83  
 84 City **MARGATE** FL 85 Zip Code **33063**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBEL, RICHARD M.</b>	1.2 NAME	
STREET ADDRESS	<b>11630 N.W. 29TH PLACE</b>	1.3 STREET ADDRESS	<b>1050 COUNTRY CLUB DRIVE # T-209</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>	1.4 CITY-ST-ZIP	<b>MARGATE, FLA. 33063</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with a power of attorney.

SIGNATURE: *[Signature]* Date: **3/1/99** Daytime Phone #: **954-956-7796**

CR2E034 (11/98)