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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-24-2002 91352 022 ***150.00

DOCUMENT # P99000091213

1. Entity Name
Respiratory Therapist Associates, Inc.

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36918

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2. Principal Place of Business		3. Mailing Address	
11260 NW 22 St		11260 NW 22 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Plantation, FL		City & State: Plantation, FL	
Zip: 33323	Country: USA	Zip: 33323	Country: USA

4. FEI Number 65-0954789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name: Christine M. DiFiore, CPA

Street Address (P.O. Box Number is Not Acceptable): 8220 State Rd 84, Suite 200

City: Davie **FL** Zip Code: 33324

8. 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Brian E. Casteel	NAME	
STREET ADDRESS	11260 NW 22 St.	STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33323	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	
NAME	Harry J. Burns	NAME	
STREET ADDRESS	2430 S.W. 53 St.	STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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13. I 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature] x 6/19/02 x 954-531-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #