

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06618 (7)**

1. Corporation Name

AA-RESPIRATORY REHABILITATIVE CARE, INC.

Principal Place of Business

66 CORAL DR.
KEY LARGO FL 33037-9740
US

Mailing Address

P.O. BOX 2830
KEY LARGO FL 33037
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1989

3a. Date of Last Report

04/08/1994

4. FFI Number

65-0167654

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 § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. **8521 N.W. South River Dr.**

26.

State Apt. # etc.

27. State Apt. # etc.

22. City & State

27. City & State

23. **Medley, FL.**

28. City & State

24. **33166**

25.

DADE

29.

Zip

30.

County

31.

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALDONADO, EDGAR
66 CORAL DR.
KEY LARGO FL 33037**

81. Name

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

87 MARINA AVE

83.

84. City

FL

85.

Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(6), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(5), Florida Statutes.

SIGNATURE

(Signature of Agent, if Agent is not the corporation, sign as Agent)

(Signature of Agent, if Agent is not the corporation, sign as Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. NAME	P
2. NAME	MALDONADO, EDGAR
3. STREET ADDRESS	66 CORAL DR.
4. CITY, ST, ZIP	KEY LARGO FL
5. NAME	ST
6. NAME	MALDONADO, DAISY
7. STREET ADDRESS	87 MARINA AVE
8. CITY, ST, ZIP	KEY LARGO FL
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. NAME	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	87 MARINA AVE
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 134.07(4)(b), 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 407, Florida Statutes, and that my name appears on Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Edgar Maldonado
EDGAR MALDONADO

4-10-95

305-4534904