

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90128 044 ***150.00

DOCUMENT # H18401

1. Corporation Name

~~COMMUNITY PRIVATE CARE INC.~~

MEDI RESPIRATORY SERVICES, INC.

Principal Place of Business
3250 N. ANDREWS AVE. EXT
POMPANO BEACH FL 33064

Mailing Address
C/O ALISA DUKE
3250 N. ANDREWS AVE. EXT.
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Data Incorporated or Qualified

08/28/1984

4. FEI Number

59-2458813

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Mary Jo Hariton

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

same

22 City & State

27 City & State

same

23 Zip

Country

28 Zip

Country

29 same

30

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

9. Name and Address of Current Registered Agent

DUKE, ALISA S
3250 N. ANDREWS AVE. EXT
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

Mary Jo Hariton

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

same

83

same

84 City

same

FL

85 Zip Code

same

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
YOUNG, RONNIE L
171 MONROE LANE
LEXINGTON SC 29072

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VST
KEIM, JOHN D
171 MONROE LANE
LEXINGTON SC 29072

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 all other like empowered.

CR2E034 (11/98)