

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90042 033 ***150.00

DOCUMENT # L06618

1. Corporation Name
AA-RESPIRATORY REHABILITATIVE CARE, INC.

Principal Place of Business
8521 NW SOUTH RIVER DRIVE
MEDLEY FL 33166
US

Mailing Address
P.O. BOX 2660
KEY LARGO FL 33037
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1989

4. FEI Number

65-0167654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 10240 S.W. 56 ST

Suite, Apt. #, etc.

22 SUITE 113 E

City & State

23 MIAMI, FL

Zip

24 33165

Country

25

2a. Mailing Address

26 10240 S.W. 56 ST

Suite, Apt. #, etc.

27 SUITE 113 E

City & State

28 MIAMI, FL

Zip

29 33165

Country

30

9. Name and Address of Current Registered Agent

~~MALDONADO, EDGAR~~
~~87 MARINA AVENUE~~
~~KEY LARGO FL 33037~~

10. Name and Address of New Registered Agent

81 Name
ROMMEL MONTES

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

10240 S.W. 56 ST

83 SUITE 113 E

84 City
MIAMI

FL

85 Zip Code
33165

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

4/2/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME MALDONADO, EDGAR

STREET ADDRESS 854 NARRAGANSETT LANE

CITY-ST-ZIP KEY LARGO FL

TITLE ST ☒ DELETE

NAME MALDONADO, DAISY

STREET ADDRESS 854 NARRAGANSETT LANE

CITY-ST-ZIP KEY LARGO FL

TITLE P/D ☐ DELETE

NAME ROMMEL MONTES

STREET ADDRESS 10240 S.W. 56 ST SUITE 113 E

CITY-ST-ZIP MIAMI, FL 33165

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/99

Daytime Phone #

0151271

CR2E034 (11/98)