

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

10f2

PROFIT  
CORPORATION  
ANNUAL REPORT



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

DOCUMENT # 543311

1. Corporation Name

RESPIRATORY-CARE CONSULTANTS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -6 AM 11:58



Principal Place of Business

1959 REBECCA DRIVE  
CLEARWATER FL 34624

Mailing Address

1959 REBECCA DRIVE  
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1977

4. FEI Number

59-1852059

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

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

USA

9. Name and Address of Current Registered Agent

WEBB, JERRY, L. R.R.T. P.A.  
1959 REBECCA DRIVE  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WEBB, JERRY L., RRT,PA  
STREET ADDRESS 1959 REBECCA DR  
CITY-ST-ZIP CLEARWATER FL 34624

TITLE STD ☐ DELETE

NAME WEBB, JERRY L.  
STREET ADDRESS 1959 REBECCA DRIVE  
CITY-ST-ZIP CLEARWATER FL 34624

TITLE VPD ☐ DELETE

NAME FRASSRAND, ELIZABETH  
STREET ADDRESS 37718 MERIDIAN AVE.  
CITY-ST-ZIP DADE CITY FL 33525

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:

Jerry L. Webb JERRY L. WEBB

July 1, 2000 (352) 5217025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*RESPIRATORY CARE CONSULTANTS, INC**P.O. BOX 243**Dade City, Florida 33526-0243**(352) 521-7025**(888) 210-3476*

June 30, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Respiratory Care Consultants, Inc.  
FEI Number: 59-1852059

Gentlemen:

Please be advised that I have not received a 2000 Annual Report from your office. I contacted the Division of Corporations office today and was advised that I should submit a copy of my 1999 Annual Report, with the 1999 crossed through and 2000 written in. I enclose said Annual Report form, together with my check in the amount of \$158.75 which represents \$150.00 for the Annual Report fee and \$8.75 representing your fee for a Certificate of Status.

A review of the Annual Reports for Respiratory Care Consultants, Inc., will show that the annual reports have not ever been late. I do not want the status of this corporation to be considered delinquent. I trust that this will be acceptable.

As of July 1, 2000, all correspondence for Respiratory Care Consultants, Inc., should be mailed to P.O. Box 243, Dade City, Florida 33526-0243.

Thank you for your consideration and attention to this matter.

Sincerely,



Jerry L. Webb, RRT, PA  
President

JLW/blf  
Enclosures