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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 561415

RESPIRATORY SERVICES OF SEMINOLE, INCORPORATED

**FILED** May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					, 0.01. 0.21. 0.01.			
13128 S INDIAN ROCKS RD 13128 S INDIAN ROCKS LARGO FL 34644 LARGO FL 34644			rb		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualified 03/07/1978			
9 Principal Pl	lace of Business	2a. Mailing Address		-	4. FEI Number	T TA.	oplied For	
21	ideo oi business	26. Walling Address			59-1789029		ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				¢0.75	Additional	
22 27					5. Certificate of Status Desired		equired	
City & State City & State 28					Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees	
Zip	Country	Zip	Countr	v	8. This corporation owes or has paid to			
24 337	74 25	29 33774 30		-	Personal Property Tax due June 30. 🔀 Yes 🔲 No			
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
CA	LLAHAN, JOHN E.		81	Name				
14190 VALENTINE TRAIL				Street Addre	ess (P.O. Box Number is Not Acceptable)			
LARGO FL 34644								
			83	Ì				
			84	City		FL 85 Zip (	Code (/	
11 Pursuant	to the provisions of Sections 607 050:	2 and 607 1508. Florida Statutes, th	ne abov	e-named corp	oration submits this statement for the purp		is registered	
office or re	egistered agent, or both, in the State	of Florida Such change was authorities of Section 607 0505 Florida	rized b	y the corporati	oration submits this statement for the purp ion's board of directors. I hereby accept th	ie appointment as	registered	
	m raminar with, and accept the obliga	mons br. Section 607.0505, Florida	Statute					
SIGNATURE	Signature, typed or printed name of registered agen	ril and tille if applicable (NOTE Reg	istered A	ent signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	CALLAHAN, JOHN E.		1.2 NAME					
STREET ADDRESS	14190 VALENTINE TRAIL		1.3 STREE	T ADDRESS				
CITY-ST-ZIP			1.4 CITY -	ST-ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	VD	DELETE 2.11				☐ Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS	4400			T ADDRESS				
CITY-ST-ZIP	LARGO FL SD		2. 4 CITY-	-ST-ZIP		Change	Addition	
TITLE			3.1 TITLE			L_1 Change	L Mullion	
NAME CYDETY ADDRESS	CALLAHAN, DONNA 14190 VALENTINE TRAIL		3.2 NAME					
STREET ADDRESS	LARGO FL			T ADDRESS				
CITY-ST-ZIP TITLE	WIND I		3.4. CITY- 4.1 TITLE	ai-£ir		Change	Addition	
NAME		_	4. 2 NAME	.				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY -					
TITLE			5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME			Ţ		
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE			6.1 TITLE			Change	Addition	
NAME '			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY -					

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 suppliemental 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.

(813) 595-5666