## 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** 

## DOCUMENT # 561415 1. Corporation Name

RESPIRATORY SERVICES OF SEMINOLE, INCORPORATED

Principal Place of Business		Mailing Address			·				
13128 S INDIAN	ROCKS RD	13128 S INDIAN ROCKS RD							
LARGO FL 33774		LARGO FL 33774				DO NOT WRITE IN THIS SPACE			
US		US	US			3. Date Incorporated or Qualifed		OI ACE	
						03/07/1978		•	
O Drivers I DI	loop of Buginass	2a. Mailing Address		—		4. FEI Number		I A	pplied For
<del>-</del>	lace of Business	26				59-1789029		<u> </u>	ot Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.						<del> </del>	Additional
22		27				5. Certificate of Status Desired	\_\	- Fee R	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		•	to Fees
Zip Country		Zip Country				8. This corporation owes the cur	rent year Int	angible	
		29 3	9 30			Personal Property Tax.	·	Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New	Registered	Agent	
			8	1 1	Name	-			
CALL	_ahan, John E.			2 6	Ctroot Adder	ess (P.O. Box Number is Not Accept	ahle)		
1419	O VALENTINE TRAIL		82 Street			ess (F.O. Box Number is Not Accept	abic)		ŀ
LARG	GO FL 33774		83						
			L	4				]ar   "":-	
			84	4 (	City		FL	85 Zip	Code (
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abor	ve-n	named corpo	oration submits this statement for the	purpose of	changing its	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norized b'	iv the	e corporation	n's board of directors. I hereby acce	pt the appo	ntment as re	egistered
•	m ramıllar witti, and accept the obliga	mons of Section 607.0303, Florid	a Otatute	ia.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE.				ent siç	gnature required	when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS AN	ID DIRECTO	
TITLE	PD	☐ DELETE	1.1 TITLE					☐ Change	Addition 1
NAME	CALLAHAN, JOHN E.		1.2 NAME	Ē					
STREET ADDRESS	14190 VALENTINE TRAIL		1.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP	LARGO FL		1.4 CITY-	-ST-Z	3P				
TITLE	VD	☐ DELETE	2.1 TITLE	:				☐ Change	☐ Addition
NAME	SCHULTZ, JOSEPH C.		2.2 NAME	Ê					
STREET ADDRESS			2.3 STRE	2.3 STREET ADDRESS					}
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		ZiP			·	
TITLE	SD DELETE 3.1		3.1 TITLE	3.1 TITLE				Change	☐ Addition \
NAME	CALLAHAN, DONNA 32N		3.2 NAME	É					ļ
STREET ADDRESS			3.3 STRE	ET AD	ODRESS				
CITY-ST-ZIP	LARGO FL		3.4. CITY-ST-ZIP		ZIP				
TITLE		DELETE 4.1		4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAMI						
STREET ADDRESS	RESS 4.		4.3 STRE	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 C(TY-		3P				
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME	Ē		-			
STREET ADDRESS			5.3 STRE	ET AD	DDRESS				
CITY-ST-ZIP			5.4 CITY-	-ST-Z	IP				
TITLE		☐ DELETE	6.1 TITLE	:				Change	Addition
NAME			6.2 NAME	Ē					
STREET ADDRESS			6.3 STRE	ETAD	DORESS				·

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:

6.4 CITY-ST-ZIP

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90053 041 \*\*\*158.75