

# 2001 UNIFORM BUSINESS REPORT (UBR) :

DOCUMENT # 561415

1. Entity Name

RESPIRATORY SERVICES OF SEMINOLE, INCORPORATED

Principal Place of Business

13128 S INDIAN ROCKS RD  
LARGO FL 33774  
US

Mailing Address

13128 S INDIAN ROCKS RD  
LARGO FL 33774  
US

2. Principal Place of Business

12788 Indian Rocks Rd.

3. Mailing Address

12788 Indian Rocks Rd.

Suite, Apt. #, etc.

# 8

Suite, Apt. #, etc.

# 8

City & State

Largo, FL

City & State

Largo, FL

Zip

33774

Country

U.S.A.

Zip

33774

Country

U.S.A.

6. Name and Address of Current Registered Agent

CALLAHAN, JOHN E.  
14190 VALENTINE TRAIL  
LARGO FL 33774

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CALLAHAN, JOHN E.	
STREET ADDRESS	14190 VALENTINE TRAIL	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHULTZ, JOSEPH C.	
STREET ADDRESS	12410 SHAWNEE TRAIL	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALLAHAN, DONNA	
STREET ADDRESS	14190 VALENTINE TRAIL	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph C. Schultz* Joseph C. Schultz 5-1-1

Date

(722) 595-5666

Daytime Phone #

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90104 013 \*\*\*158.75

764888



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1789029** ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

CR2E034 (10/00)