

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96 B-5058 C

DOCUMENT # 572136 (0)

1. Corporation Name

WILLIAMS' RESPIRATORY SERVICES, INC.

Principal Place of Business

4301 32 ST W
S A-16
BRADENTON FL 34205
US

Mailing Address

5011 21ST AVE. W
BRADENTON FL 34209

3. Date Incorporated or Qualified
05/16/1978

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

21 4301 32 St. W.

Suite, Apt. #, etc.

22 Suite C-6

City & State

23 Bradenton, FL

Zip

24 34205

Country

25 US

2a. Mailing Address

26 4301 32 St. W.

Suite, Apt. #, etc.

27 Suite C-6

City & State

28 Bradenton, FL

Zip

29 34205

Country

30 US

4. FEI Number

59-1821412

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, RONALD L
5011 21ST AVE. W
BRADENTON FL 34209

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
NAME WILLIAMS, RONALD L
STREET ADDRESS 5011 21ST AVE W
CITY-ST-ZIP BRADENTON FL
☐ DELETE

TITLE STD
NAME WILLIAMS, MARYANN
STREET ADDRESS 5011 21ST AVE W
CITY-ST-ZIP BRADENTON FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE VP
3.2 NAME Todd Williams
3.3 STREET ADDRESS 4301 32nd St. W C-6
3.4 CITY-ST-ZIP Bradenton, FL 34205
☐ Change ☒ Addition

4.1 TITLE VP
4.2 NAME Troy Williams
4.3 STREET ADDRESS 4301 32nd St. W. C-6
4.4 CITY-ST-ZIP Bradenton, FL 34205
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with a signature.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr ne #

4/25/96 941-758-6744

CR2E034 (12/95)