

FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

FILED
May 09 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **572136**
 1. Corporation Name
WILLIAMS RESPIRATORY SERVICES, INC.

Principal Place of Business Mailing Address
4301 32nd Street West Suite C-6 Bradenton, FL. 34205 **4301 32nd Street West Suite C-6 Bradenton, Florida 34205**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified **5-16-78** 3a. Date of Last Report **4-25-96**
 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.
4301 32nd Street West
Suite C-6
Bradenton, FL. 34205

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD L. WILLIAMS	1.2 NAME	
STREET ADDRESS	5011 21st Ave. West	1.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL. 34209	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD J. WILLIAMS	2.2 NAME	
STREET ADDRESS	5011 21st Ave. West	2.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL. 34209	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON FAMADAS	3.2 NAME	
STREET ADDRESS	9805 NW 52nd St, Apt. 404	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33178	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER DEARMAS	4.2 NAME	
STREET ADDRESS	10378 NW 46th TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33178	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4/29/97
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***\$165.00**

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 in 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Ronald L. Williams* **4/29/97** **941-792-0533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DeVine Phone #