

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

FILED

May 09 1997 8:00am
Secretary of State

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| CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 572136
1. Corporation Name
WILLIAMS RESPIRATORY SERVICES, INC.

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|---|---|
| Principal Place of Business 4301 32nd Street West Suite C-6 Bradenton, FL. 34205 | Mailing Address 4301 32nd Street West Suite C-6 Bradenton, Florida 34205 |
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DO NOT WRITE IN THIS SPACE.

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| 3. Date Incorporated or Qualified 5-16-78 | 3a. Date of Last Report 4-25-96 |
| 4. FEI Number 59-1821412 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 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 85 Zip Code FL |
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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 _____
(NOTE: Registered Agent signature required when reappointing)

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|----------------------------|--------------------------|---|---|
| 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 | |

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 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 change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100002185911
-05/21/97--01003--040
*\$165.00

4/29/97

941-792-0533