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 # 689807 1. Corporation Name

AIR CARE OF SARASOTA, INC.

Principal Place	e of Business	Mailing Address							
2417 INGRAM AVE 2417 INGRAM AVE									
SARASOTA FL 34232 SARASOTA FL 34232							DO NOT WRITE IN	THIS SPACE	
						<u>-</u>	3. Date Incorporated or Qualifed		
						"	09/24/1980		
2. Principal Place of Business 2a. Mailing Address							1. FEI Number	- Apr	plied For
2. Principal Place of Business		<u>⊢,</u>	<u> </u>				59-2036045	<u> </u>	t Applicable
Suite, Apt. #, etc.		26 Suite Ant # etc	Suite, Apt. #, etc.					\$8.75 A	
		— · · ·	27			5	5. Certificate of Status Desired	Fee Re	
City & State			City & State				5. Election Campaign Financing	\$5.00	May Re
¬ '		⊢ '	28			"	Trust Fund Contribution	Added to	
Zip Country			Zip Country				B. This corporation owes the current ye	ar Intangible	
¬			29 30		•		Personal Property Tax.		□No
24	9. Name and Address of Cu			Τ¨		10	0. Name and Address of New Regist	tered Agent	
-				81	Name				
rydzinski, Paul B.				-	01		(D.C. Day Mysskas is Not Assertable)		
3569	Webber Street			82	Street A	Address ((P.O. Box Number is Not Acceptable)		1
SAR	ASOTA FL 34239			83	-				
	•						· · · · · · · · · · · · · · · · · · ·		
				84	City			FL 85 Zip C	ode
office or r	egistered agent, or both, in the S m familiar with, and accept the ol	itate of Florida, Such change of bligations of, Section 607.050	was authorize	a by tutes	tne corpo	oration's i	on submits this statement for the purposed board of directors. I hereby accept the	appointment as req	jistered
42	Signature, typed or printed name of registerer	S AND DIRECTORS	13.	, Agei	- Signature re-	aquileu wilei	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	P	DELE		TLE	Ţ			☐ Change	☐ Addition
	SCHROCK, LEROY	- ·			1.2 NAME				
NAME	2417 INGRAM AVE.				T ADDRESS				
STREET ADDRESS			1						
CITY-ST-ZIP TITLE	ST DELETE			1.4 CITY+ST-ZIP 2.1 TITLE				Change	☐ Addition
	_			2.2 NAME					
NAME	SCHROCK, RUBY 2417 INGRAM AVE.			2.3 STREET ADDRESS					ļ
STREET ADDRESS	SARASOTA FL				ST-ZIP			·	1
CITY-ST-ZIP	SARASUTA FL	□ DELE			11-24			☐ Change	Addition
TITLE			3.2 N		ļ				}
NAME					T ADDRESS]
STREET ADDRESS					ST-ZIP				}
CITY-ST-ZIP		☐ DELE			11-ZIP			Change	Addition
TITLE	!		4.21						-
NAME					T ADDRESS				į
STREET ADDRESS									1
CITY-ST-ZIP	*	☐ DELE		ITY-S	1-ZIP			☐ Change	Addition
TITLE			5.1 I		l		•		
NAME					T ADDRESS		·		
STREET ADDRESS				ITY-S					,
CITY-ST-ZIP		· DELE			1-41			☐ Change	Addition
TITLE		C DELE	6.2 N						_ ' '
NAME					TANNOPER		-	•	
STREET ADDRESS		•	0.3 8	INCE	TADDRESS				

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 estachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90221 041 ***150.00

941-9228815