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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 755200 (3)

1. Corporation Name

FLORIDA SOCIETY FOR RESPIRATORY CARE, INC.



Principal Place of Business

Mailing Address

9074 SE ANTIS PLACE  
P.O. BOX 65  
HOBE SOUND FL 33455

9074 SE ANTIS PLACE  
P.O. BOX 65  
HOBE SOUND FL 33475-0065

3. Date Incorporated or Qualified 11/19/1980  
3a. Date of Last Report 01/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 23-7411594  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

22 City & State

27 City & State

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

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOLAN, PATRICK  
9074 ANTIS PLACE  
HOBE SOUND FL 33455

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Patrick W. Nolan* PATRICK W. NOLAN 1/27/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | TD <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       | HAINES, LYNN D                                | 1.2 NAME  |  |
| STREET ADDRESS             | P.O. BOX 1849 N/A                             | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BRADENTON FL                                  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | P <input type="checkbox"/> DELETE             | 2.1 TITLE   | Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | SOBEL, RICHARD D                              | 2.2 NAME  | Sobel  |
| STREET ADDRESS             | 11630 NW 29TH PLACE                           | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SUNRISE FL                                    | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       | NOLAN, PATRICK (EXEC) D                       | 3.2 NAME  |  |
| STREET ADDRESS             | 9074 ANTIS PLACE                              | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | HOBE SOUND FL                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PE <input type="checkbox"/> DELETE            | 4.1 TITLE   | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| NAME                       | RUSSELL, MARIANNE D                           | 4.2 NAME  | Russell  |
| STREET ADDRESS             | 421 BARD ROAD                                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | VENICE FL                                     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| NAME                       | PRENTISS, RICHARD                             | 5.2 NAME  | Cook, Judy D   |
| STREET ADDRESS             | 10935 SW 129TH ST                             | 5.3 STREET ADDRESS                                    | 10409 Trout Road   |
| CITY-ST-ZIP                | MIAMI FL                                      | 5.4 CITY-ST-ZIP                                       | Orlando, FL 32836  |
| TITLE                      | PP <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | President Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | WRIGHT, LORI                                  | 6.2 NAME  | Harnell, Michael D   |
| STREET ADDRESS             | 18235 104 TERR S                              | 6.3 STREET ADDRESS                                    | P.O. Box, Marion Ave   |
| CITY-ST-ZIP                | BOCA RATON FL                                 | 6.4 CITY-ST-ZIP                                       | Punta Gorda, FL 33950  |

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynn Haines* LYNN HAINES 1/8/97 941-755-1511 x4518  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CFR2037 (9/96)