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Mar 02 1998 8:00am
Secretary of State

MP

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
11/19/1980
4. FEI Number Applied For
23-7411594 Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No *N/A*

9. Name and Address of Current Registered Agent
NOLAN, PATRICK
9074 ANTIS PLACE
HOBE SOUND FL 33455

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 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 Nolan* 11/12/98
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	
TITLE	D HAINES, LYNN	1.1 TITLE	D
NAME	P.O. BOX 1849 N/A	1.2 NAME	311 135th St. E.
STREET ADDRESS	BRADENTON FL	1.3 STREET ADDRESS	BRADENTON, FL 34202
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PPD SOBEL, RICHARD	2.1 TITLE	D PRESIDENT-ELECT
NAME	11630 NW 29TH PLACE	2.2 NAME	DAVID RAPPA
STREET ADDRESS	SUNRISE FL	2.3 STREET ADDRESS	10070 BRISTOL PARK RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D NOLAN, PATRICK (EXEC)	3.1 TITLE	
NAME	9074 ANTIS PLACE	3.2 NAME	
STREET ADDRESS	HOBE SOUND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD RUSSELL, MARIANNE	4.1 TITLE	D PAST PRESIDENT
NAME	421 BARD ROAD	4.2 NAME	421 BARD ROAD
STREET ADDRESS	VENICE FL	4.3 STREET ADDRESS	VENICE, FL 34232
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S COOK, JUDY	5.1 TITLE	
NAME	10409 TROUT ROAD	5.2 NAME	
STREET ADDRESS	ORLANDO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PE HARRELL, MICHAEL D.	6.1 TITLE	D PRESIDENT
NAME	809 EAST MARION AVENUE	6.2 NAME	809 E. MARION AVE
STREET ADDRESS	PUNTA GORDA FL	6.3 STREET ADDRESS	PUNTA GORDA, FL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *Patrick Nolan* 11/12/98 561-546-1863

CR2E037 (10/97)