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Secretary of State

03-01-1999 90207 009 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755200

1. Corporation Name

FLORIDA SOCIETY FOR RESPIRATORY CARE, INC.

13899I - 90207 79

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

11/19/1980

4. FEI Number

23-7411594

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

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
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/31/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D HAINES, LYNN**
 STREET ADDRESS **311 195TH ST. E.**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE DELETE

NAME **~~PPD~~ RAPPA, DAVID**
 STREET ADDRESS **10070 BRISTOL PARK RD**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE DELETE

NAME **D NOLAN, PATRICK (EXEC)**
 STREET ADDRESS **9074 ANTIS PLACE**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE DELETE

NAME **~~PPD~~ RUSSELL, MARIANNE**
 STREET ADDRESS **421 BARD ROAD**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE DELETE

NAME **S COOK, JUDY**
 STREET ADDRESS **10409 TROUT ROAD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE DELETE

NAME **~~PPD~~ HARRELL, MICHAEL D.**
 STREET ADDRESS **809 EAST MARION AVENUE**
 CITY-ST-ZIP **PUNTA GORDA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS **5840 26TH ST. West**
 1.4 CITY-ST-ZIP **Bradenton, FL 34207**

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME **PEO EARNESTINE THOMPSON**
 4.3 STREET ADDRESS **10860 S.W. 167 ST.**
 4.4 CITY-ST-ZIP **MIAMI, FL 33157**

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Michael D. Harrell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Treasurer)

2/4/99

941-755-1511 x4518

Date Daytime Phone #

CR2E037 (1/198)