

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90050 046 ****61.25

DOCUMENT # 755200

1. Entity 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

00003105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7411594

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLAN, PATRICK
9074 ANTIS PLACE
HOBE SOUND FL 33455

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Patrick Nolan

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

(NOTE: Registered Agent signature required when reinstating)

1/19/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **HAINES, LYNN**
 STREET ADDRESS **5840 26TH ST WEST**
 CITY-ST-ZIP **BRADENTON FL 34207**

TITLE **PD** Delete
 NAME **RAPPA, DAVID**
 STREET ADDRESS **10070 BRISTOL PARK RD**
 CITY-ST-ZIP **CANTONMENT FL 32533**

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

TITLE **PPD** Delete
 NAME **THOMPSON, ERNESTINE**
 STREET ADDRESS **10860 SW 167 ST**
 CITY-ST-ZIP **MIAMI FL 33157**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PPLECT** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

1/21/00

Date

941-755-1511 x4518

Daytime Phone #