

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000001011 (4)

1. Corporation Name

SYMPHONY RESPIRATORY SERVICES, INC.



Principal Place of Business  
10065 RED RUN BLVD.  
OWINGS MILLS CORPORATE CAMPUS  
OWINGS MILLS MD 21117

Mailing Address  
10065 RED RUN BLVD.  
OWINGS MILLS CORPORATE CAMPUS  
OWINGS MILLS MD 21117

3. Date Incorporated or Qualified 03/02/1995	3a. Date of Last Report
4. FEI Number 52-1903085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent for corporation

DATE

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CIRKS, LAWRENCE P.
STREET ADDRESS	10065 RED RUN BLVD., OWINGS MILLS COR.CAM
CITY- ST- ZIP	OWINGS MILLS MD 21117
TITLE	VD <input type="checkbox"/> DELETE
NAME	LEVIN, MARC B
STREET ADDRESS	10065 RED RUN BLVD., OWINGS MILLS COR.CAM
CITY- ST- ZIP	OWINGS MILLS MD 21117
TITLE	VD <input type="checkbox"/> DELETE
NAME	ELKINS, MARSHALL A
STREET ADDRESS	10065 RED RUN BLVD., OWINGS MILLS COR.CAM
CITY- ST- ZIP	OWINGS MILLS MD 21117
TITLE	CEO <input type="checkbox"/> DELETE
NAME	BEGGS, PATRICIA
STREET ADDRESS	10065 RED RUN BLVD., OWINGS MILLS COR.CAM
CITY- ST- ZIP	OWINGS MILLS MD 21117
TITLE	VEO <input checked="" type="checkbox"/> DELETE
NAME	CHICHESTER, DAVID N
STREET ADDRESS	10065 RED RUN BLVD., OWINGS MILLS COR.CAM
CITY- ST- ZIP	OWINGS MILLS MD 21117
TITLE	VEO <input type="checkbox"/> DELETE
NAME	CAHILL, DENNIS A
STREET ADDRESS	10065 RED RUN BLVD., OWINGS MILLS COR.CAM
CITY- ST- ZIP	OWINGS MILLS MD 21117

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Cirka, Lawrence
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Fulchino, Mark
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address

SIGNATURE: Mark Fulchino  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96  
Date

(410) 998-8578  
Daytime Phone

CR2E034 (12/95)