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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 21117-4827

3. Date Incorporated or Qualified 03/02/1995	3a. Date of Last Report 03/07/1996
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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

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 607.0502 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 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	PD CIRKA, LAWRENCE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10065 RED RUN BLVD., OWINGS MILLS COR.CAM	1.2 NAME	
STREET ADDRESS	OWINGS MILLS MD	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD LEVIN, MARC B	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10065 RED RUN BLVD., OWINGS MILLS COR.CAM	2.2 NAME	
STREET ADDRESS	OWINGS MILLS MD 21117	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD ELKINS, MARSHALL A	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10065 RED RUN BLVD., OWINGS MILLS COR.CAM	3.2 NAME	
STREET ADDRESS	OWINGS MILLS MD 21117	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	V FULCHINO, MARK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10065 RED RUN BLVD., OWINGS MILLS COR.CAM	4.2 NAME	
STREET ADDRESS	OWINGS MILLS MD	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	VEO CAHILL, DENNIS A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10065 RED RUN BLVD., OWINGS MILLS COR.CAM	5.2 NAME	
STREET ADDRESS	OWINGS MILLS MD 21117	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

Bennett, Bradley
10065 RED RUN BLVD.
OWINGS MILLS, MD 21117

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 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* mark fulchino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

(410) 998-8578

Date

Daytime Phone #

CR2E034 (9/96)