

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SUNSHINE STATE
CORPORATION
REGISTERED AGENTS

DOCUMENT # K06123

(9)

ALL FOREIGN PARTS DISCOUNTERS OF DELRAY, INC.

1800 SW. 10TH ST.
DEL RAY BEACH FL 33444
US

1748 AUSTRALIAN AVE.
SUITE 4
RIVIERA BEACH FL 33404
US

3 12/08/1987 3a 10/13/1994

4 65-0017625

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BAXTER, KEITH A.
1748 AUSTRALIAN AVE.
SUITE 4
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

1800 SW 10th St.

Delray Beach

FL 33444

Keith Baxter, Keith Baxter, Pres.

4.28.95

PVT
BAXTER, KEITH
1125 OLD DIXIE HWY
LAKE PARK FL

SIGNATURE:

Keith Baxter Keith Baxter 4.28.95 4074334182

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia P. Northrup
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

CLERK - 1 APR 1996

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **K06733** (5)

1. Corporation Name:

PALM BEACH RESPIRATORY HOME CARE, INC.

Principal Office Address:
**1841 S.W. 29TH AVENUE
MIAMI FL 33145**

Manager Address:
**1841 S.W. 29TH AVENUE
MIAMI FL 33145**

PLEASE WRITE IN THIS SPACE

3. Date of Incorporation/Reorganization 12/07/1987	3a. Date of Last Report 05/01/1994
4. File Number 65-0014894	Applied For Not Applicable
5. Corporate Status (Domestic) ☐ Foreign ☐	\$8.75 Additional Fee Required
6. Fees (not Corporate Reporting) Initial Filing Contribution	\$5.00 May Be Added to Fees
8. This corporation has changed its registered agent since the last report. Provide details: ☒ Yes ☐ No	

2. Principal Office Address: 1841 S.W. 29TH AVENUE MIAMI FL 33145	2a. Manager Address: 1841 S.W. 29TH AVENUE MIAMI FL 33145
21. Registered Agent Address: 1841 S.W. 29TH AVENUE MIAMI FL 33145	2a. Registered Agent Address: 1841 S.W. 29TH AVENUE MIAMI FL 33145
22. Registered Agent Name: VILLAGELIU, NICOLAS G., CPA	27. Registered Agent Name: VILLAGELIU, NICOLAS G., CPA
23. Registered Agent City and State: MIAMI FL	28. Registered Agent City and State: MIAMI FL
24. Registered Agent Phone Number: 305-351-1111	29. Registered Agent Phone Number: 305-351-1111

9. Name and Address of Current Registered Agent

**VILLAGELIU, NICOLAS G., CPA
1841 S.W. 29TH AVENUE
MIAMI FL 33145**

10. Name and Address of New Registered Agent

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the report required by law to be filed with the Department of State for the purpose of changing the registered agent of the corporation named herein. I am duly qualified to execute this certificate and I am not under any legal disability to do so.

12. DP CONDE, RAFAEL J. 2305 RABBIT HOLLOW CIR. DELRAY BEACH FL T CONDE, RAFAEL J., JR. 2305 RABBIT HOLLOW CIR. DELRAY BEACH FL S CONDE, EDILIA E. 2305 RABBIT HOLLOW CIR. DELRAY BEACH FL	13. ADDITIONAL REGISTERED AGENTS AND STOCKHOLDERS NAME ADDRESS CITY STATE ZIP 1. NAME ADDRESS CITY STATE ZIP 2. NAME ADDRESS CITY STATE ZIP 3. NAME ADDRESS CITY STATE ZIP 4. NAME ADDRESS CITY STATE ZIP 5. NAME ADDRESS CITY STATE ZIP 6. NAME ADDRESS CITY STATE ZIP 7. NAME ADDRESS CITY STATE ZIP 8. NAME ADDRESS CITY STATE ZIP 9. NAME ADDRESS CITY STATE ZIP 10. NAME ADDRESS CITY STATE ZIP 11. NAME ADDRESS CITY STATE ZIP 12. NAME ADDRESS CITY STATE ZIP 13. NAME ADDRESS CITY STATE ZIP 14. NAME ADDRESS CITY STATE ZIP 15. NAME ADDRESS CITY STATE ZIP 16. NAME ADDRESS CITY STATE ZIP 17. NAME ADDRESS CITY STATE ZIP 18. NAME ADDRESS CITY STATE ZIP 19. NAME ADDRESS CITY STATE ZIP 20. NAME ADDRESS CITY STATE ZIP 21. NAME ADDRESS CITY STATE ZIP 22. NAME ADDRESS CITY STATE ZIP 23. NAME ADDRESS CITY STATE ZIP 24. NAME ADDRESS CITY STATE ZIP 25. NAME ADDRESS CITY STATE ZIP 26. NAME ADDRESS CITY STATE ZIP 27. NAME ADDRESS CITY STATE ZIP 28. NAME ADDRESS CITY STATE ZIP 29. NAME ADDRESS CITY STATE ZIP 30. NAME ADDRESS CITY STATE ZIP 31. NAME ADDRESS CITY STATE ZIP 32. NAME ADDRESS CITY STATE ZIP 33. NAME ADDRESS CITY STATE ZIP 34. NAME ADDRESS CITY STATE ZIP 35. NAME ADDRESS CITY STATE ZIP 36. NAME ADDRESS CITY STATE ZIP 37. NAME ADDRESS CITY STATE ZIP 38. NAME ADDRESS CITY STATE ZIP 39. NAME ADDRESS CITY STATE ZIP 40. NAME ADDRESS CITY STATE ZIP 41. NAME ADDRESS CITY STATE ZIP 42. NAME ADDRESS CITY STATE ZIP 43. NAME ADDRESS CITY STATE ZIP 44. NAME ADDRESS CITY STATE ZIP 45. NAME ADDRESS CITY STATE ZIP 46. NAME ADDRESS CITY STATE ZIP 47. NAME ADDRESS CITY STATE ZIP 48. NAME ADDRESS CITY STATE ZIP 49. NAME ADDRESS CITY STATE ZIP 50. NAME ADDRESS CITY STATE ZIP 51. NAME ADDRESS CITY STATE ZIP 52. NAME ADDRESS CITY STATE ZIP 53. NAME ADDRESS CITY STATE ZIP 54. NAME ADDRESS CITY STATE ZIP 55. NAME ADDRESS CITY STATE ZIP 56. NAME ADDRESS CITY STATE ZIP 57. NAME ADDRESS CITY STATE ZIP 58. NAME ADDRESS CITY STATE ZIP 59. NAME ADDRESS CITY STATE ZIP 60. NAME ADDRESS CITY STATE ZIP 61. NAME ADDRESS CITY STATE ZIP 62. NAME ADDRESS CITY STATE ZIP 63. NAME ADDRESS CITY STATE ZIP 64. NAME ADDRESS CITY STATE ZIP 65. NAME ADDRESS CITY STATE ZIP 66. NAME ADDRESS CITY STATE ZIP 67. NAME ADDRESS CITY STATE ZIP 68. NAME ADDRESS CITY STATE ZIP 69. NAME ADDRESS CITY STATE ZIP 70. NAME ADDRESS CITY STATE ZIP 71. NAME ADDRESS CITY STATE ZIP 72. NAME ADDRESS CITY STATE ZIP 73. NAME ADDRESS CITY STATE ZIP 74. NAME ADDRESS CITY STATE ZIP 75. NAME ADDRESS CITY STATE ZIP 76. NAME ADDRESS CITY STATE ZIP 77. NAME ADDRESS CITY STATE ZIP 78. NAME ADDRESS CITY STATE ZIP 79. NAME ADDRESS CITY STATE ZIP 80. NAME ADDRESS CITY STATE ZIP 81. NAME ADDRESS CITY STATE ZIP 82. NAME ADDRESS CITY STATE ZIP 83. NAME ADDRESS CITY STATE ZIP 84. NAME ADDRESS CITY STATE ZIP 85. NAME ADDRESS CITY STATE ZIP 86. NAME ADDRESS CITY STATE ZIP 87. NAME ADDRESS CITY STATE ZIP 88. NAME ADDRESS CITY STATE ZIP 89. NAME ADDRESS CITY STATE ZIP 90. NAME ADDRESS CITY STATE ZIP 91. NAME ADDRESS CITY STATE ZIP 92. NAME ADDRESS CITY STATE ZIP 93. NAME ADDRESS CITY STATE ZIP 94. NAME ADDRESS CITY STATE ZIP 95. NAME ADDRESS CITY STATE ZIP 96. NAME ADDRESS CITY STATE ZIP 97. NAME ADDRESS CITY STATE ZIP 98. NAME ADDRESS CITY STATE ZIP 99. NAME ADDRESS CITY STATE ZIP 100. NAME ADDRESS CITY STATE ZIP
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14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the report required by law to be filed with the Department of State for the purpose of changing the registered agent of the corporation named herein. I am duly qualified to execute this certificate and I am not under any legal disability to do so.

SIGNATURE: *Rafael J. Conde* **RAFAEL CONDE MD** 3/9/95 407-234-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR