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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF SPREDICTIONS C-

DOCUMENT # K11887

(2)

RESPIRATORY SPECIALISTS, P.A.

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| Jan 28 1997 8:00am |
| Secretary of State |
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| Principal Plac | ce of Business | | Mailing Address | | | | | - I ISBNOVII DOT FLORI UTOKI INTEVITIBLI TODI | 81811 BIBIT BE | Bie Bilbet Milli | A1811 1841 |
|---|---|--|--|------------------------|--|--|---|--|------------------|-----------------------------|---------------|
| Principal Place of Business C/O MEASE MEDICAL ARTS 601 MAIN STREET DUNEDIN FL 34698 | | | MEASE MEDICAL ARTS 601 MAIN STREET DUNEDIN FL 34698-5848 | | | | | | | | |
| US | | US | | | | 3. Date Incorporated or Qualified 01/14/1988 05/01/1996 | | | | | |
| | Place of Business | | 2a. Mailing Addre | ess | | | | 4. FEI Number | | | oplied For |
| 1 Cuito Act | # ata | | | 26 | | | | 65-0027372 Not A | | | ot Applicable |
| Suite Apt. #, etc | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Fee R | equired | |
| City & State | | | City & State | | | | · _ · _ · _ · _ · _ · · · · · · · · | | | 00 May Be led to Fees | |
| Ζφ | c | ountry | Zip | | _ Countr | ry | | 8. This corporation has liability for it | | | . 199.032 |
| | 25 | | 29 | 3 | 10 | | | | Yes | | |
| | | ddress of Currer | t Registered Agent | | 81 | . | Name | 10. Name and Address of New Re | gistered / | lgent | |
| | NN, LEONARD | 1.6.1 | | | ا* ا | '] '` | Maille | | | | |
| 3201 LEPRECHAUN LN PALM HARBOR FL 34683 | | | | | 82 | 2 S | Street Addre | ess (P.O. Box Number is Not Acceptab | ole) | | |
| | | | | | 83 | 3 | | | | | |
| | | | | | 84 | 4 C | City | | | 65 Zip | Code |
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| IGNATURE | Stgnature, typed or prints | od name of registered ago OFFICERS AN | | (NOTE: | | gent si | ignature required | | | DIRECTOI | |
| IGNATURE 2. | Signature, typed or printe D STEIN, ROBER | OFFICERS AN | D DIRECTORS | (NOTE: | 13. | gent si | signature required | | | | |
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I do hereby certify that the information supplied with this filing does not quality 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 chapter, or on an adachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97

847-734-68/1-Daytime Phone #