

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 # **K50234** (9)

1. Corporation Name

RESPIRATORY MEDICAL INC.



Principal Place of Business

**324 FOX CHASE PT N.
LONGWOOD FL 32779
US**

Mailing Address

**324 FOX CHASE PT N.
LONGWOOD FL 32779
US**

2. Principal Place of Business

2a. Mailing Address

21 **508 CENTRAL AVENUE**

26 **508 CENTRAL AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **CRESCENT CITY, FL**

28 **CRESCENT CITY, FL**

Zip

Zip

Country

Country

24 **32112**

25 **PUTNAM**

29 **32112**

30 **PUTNAM**

9. Name and Address of Current Registered Agent

**JONES, AUBREY A.
324 FOX CHASE PT N
LONGWOOD FL 32779-0371**

3. Date Incorporated or Qualified

12/02/1988

3a. Date of Last Report

11/30/1995

4. FEI Number

59-2935017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

GERARD BUCHAN

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

508 CENTRAL AVENUE

83

84 City

CRESCENT CITY

FL

85 Zip Code

32112

11. Pursuant to the provisions of Sections 607.0509 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

Gerard Buchan

GERARD BUCHAN

APRIL 26, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE **VSD** ☒ DELETE
NAME **JONES, LARRY E**
STREET ADDRESS **1336 S. RIDGE LAKE CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **PD** ☒ DELETE
NAME **JONES, AUBREY A.**
STREET ADDRESS **324 FOX CHASE PT N**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☒ Addition
1.2 NAME **GERARD BUCHAN**
1.3 STREET ADDRESS **1001 GRAND RONDO ROAD**
1.4 CITY-ST-ZIP **CRESCENT CITY, FL**

2.1 TITLE **SD** ☒ Change ☒ Addition
2.2 NAME **CAROLYN W BUCHAN**
2.3 STREET ADDRESS **1001 GRAND RONDO ROAD**
2.4 CITY-ST-ZIP **CRESCENT CITY, FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Gerard Buchan

GERARD BUCHAN 4/26/96

(904) 698-4630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

Daytime Phone

CR2E034 (12/95)