# 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 # **K94932** **(6)**

1. Corporate Name

**CLINICAL RESPIRATORY CARE, INC.**

Principal Place of Business

**9835 SUNSET DR #102**
**MIAMI FL 33173**

Mailing Address

**9835 SUNSET DR #102**
**MIAMI FL 33173**

3. Date Incorporated or Qualified: **06/12/1989**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 | Street Address
22 | City & State
23 | Zip | 24 | Country | 25

2a. Mailing Address
26 | Street Address
27 | City & State
28 | Zip | 29 | Country | 30

4. FEI Number: **65-0155700** ☐ 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

9. Name and Address of Current Registered Agent

**RODRIGUEZ, ARTURO N.**
**9835 SUNSET DR #102**
**SUITE A130**
**MIAMI FL 33173**

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 Section 607.0502 or 617.1502, 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(S) | DATE

12. OFFICERS AND DIRECTORS

Title
Name
Street Address
City-St-Zip

**PVST**
**RODRIQUEZ, ARTURO N**
**9835 SUNSET DR #102**
**MIAMI FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 Title / 1 Name / 1 Street Address / 1 City-St-Zip — ☐ Change ☐ Addition
2 Title / 2 Name / 2 Street Address / 2 City-St-Zip — ☐ Change ☐ Addition
3 Title / 3 Name / 3 Street Address / 3 City-St-Zip — ☐ Change ☐ Addition
4 Title / 4 Name / 4 Street Address / 4 City-St-Zip — ☐ Change ☐ Addition
5 Title / 5 Name / 5 Street Address / 5 City-St-Zip — ☐ Change ☐ Addition
6 Title / 6 Name / 6 Street Address / 6 City-St-Zip — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is valid, authorized, furnished and 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 added, above with an address.

**SIGNATURE:** ARTURO N. RODRIGUEZ 2/9/96 (305) 279-9079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)