

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K99623

(6)

1. Corporation Name

MIAMI RESPIRATORY CARE, INC.

Principal Place of Business

6595 NW 36TH ST STE 215
VIRGINIA GARDENS FL 33166

Mailing Address

6595 NW 36TH ST STE 215
VIRGINIA GARDENS FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1989

3a. Date of Last Report

02/15/1994

4. FEI Number

65-0130857

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAUENKNECHT, LISA A
456 PALMETTO DR
MIAMI SPRINGS FL 33166

81 Name

Lisa A. Frauenknecht

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

456 Palmetto Drive

83

84 City

Miami Springs,

FL

85

Zip Code

33166

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

LISA FRAUENKNECHT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

5/10/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	QUINTERO, EVELIO
STREET ADDRESS	456 PALMETTO DR
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	V
NAME	FRAUENKNECHT, LISA A
STREET ADDRESS	456 PALMETTO DR
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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:

EVELIO QUINTERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95

Date

305-871-5766

Original Filing #