

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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # L02111 (7)  
1. Corporation Name  
PROFESSIONAL RESPIRATORY ASSOCIATES, INC.



Principal Place of Business  
4201 PALM AVE  
STE 2C  
HIALEAH FL 33012  
US

Mailing Address  
4201 PALM AVE  
STE 2C  
HIALEAH FL 33012  
US

2. Principal Place of Business  
21 5854 WEST 20<sup>th</sup> AVE  
Suite, Apt. #, etc.  
22  
City & State  
23 HIALEAH, FL  
Zip  
24 33016  
Country  
25 USA

2a. Mailing Address  
26 5854 WEST 20<sup>th</sup> AVE  
Suite, Apt. #, etc.  
27  
City & State  
28 HIALEAH, FL  
Zip  
29 33016  
Country  
30 USA

3. Date Incorporated or Qualified  
07/14/1989

3a. Date of Last Report  
01/27/1995

4. FEI Number  
65-0132794

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

g. Name and Address of Current Registered Agent

MARTIN, TIMOTHY M.  
15009 SAN REMO AVE  
STE 200  
CORAL GABLES FL 33146

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	MARTIN, DEBBIE L.	2848 BIRKDALE	FORT LAUDERDALE FL	<input type="checkbox"/>
DV	PAGES, CARLOS	19821 NW 4TH ST	PEMBROKE PINES FL	<input type="checkbox"/>
DST	SANCHEZ, ALFREDO	1040 NW 189 AVE.	PEMBROKE PINES FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

Date

305-827-3233

Daytime Phone #

CR2E034 (12/95)