FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06618 (7)

1. Corporate Name
AA-RESPIRATORY REHABILITATIVE CARE, INC.

Principal Place of Business
66 CORAL DR.
KEY LARGO FL 33037-9740
US

Mailing Address
P.O. BOX 2630
KEY LARGO FL 33037
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1989	3a. Date of Last Report: 04/08/1994
4. FEI Number: 65-0167654	☐ 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	2a. Mailing Address
21 8521 N.W. South River Dr.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Medley, Fl.	City & State 28
Zip 24 33166 · 25 County DADE · Country USA	Zip 29 · 30 Country

9. Name and Address of Current Registered Agent

MALDONADO, EDGAR
66 CORAL DR.
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 87 MARINA AVE
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 ________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☒ Change ☐ Addition
NAME	MALDONADO, EDGAR	1 NAME	
STREET ADDRESS	66 CORAL DR.	1 STREET ADDRESS	87 MARINA AVE
CITY-ST-ZIP	KEY LARGO FL	1 CITY-ST-ZIP	
TITLE	ST	2 TITLE	☐ Change ☐ Addition
NAME	MALDONADO, DAISY	2 NAME	
STREET ADDRESS	87 MARINA AVE	2 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(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 on an attachment with an address.

SIGNATURE: Edgar Maldonado — 4-10-95 — 305 4534904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #
EDGAR MALDONADO

0424024 FP