

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L47950** (5)
1. Corporation Name
CAREMED RESPIRATORY SERVICES, INC.



Principal Place of Business
**13161 56TH COURT
SUITE 201
CLEARWATER FL 34620
US**

Mailing Address
**13161 56TH COURT
SUITE 201
CLEARWATER FL 34620-4027
US**

2. Principal Place of Business 21 1911 US HIGHWAY 301 N. Suite, Apt. #, etc. 22 SUITE #340 City & State 23 TAMPA, FL Zip 24 33619	2a. Mailing Address 26 1911 US HIGHWAY 301 N. Suite, Apt. #, etc. 27 SUITE #340 City & State 28 TAMPA, FL Zip 29 33619
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3. Date Incorporated or Qualified 01/31/1990	3a. Date of Last Report 04/18/1996
4. FEI Number 59-2997540	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

**NEIL G. KIEFER, ESQUIRE
100 2ND AVE. S. SUITE 400
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

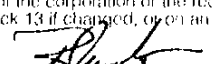
12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	ARADO, ROBERTO M.	
STREET ADDRESS	2201 JENNIFER LANE	
CITY-ST-ZIP	VALRICO FL	
TITLE	P	☐ DELETE
NAME	HORNE, JAMES	
STREET ADDRESS	16503 AVILA BOULEVARD	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	☐ DELETE
NAME	KINTER, MICHAEL G.	
STREET ADDRESS	313 6TH AVE.	
CITY-ST-ZIP	TIERRA VERDE FL	
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	☐ 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 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  **ROBERTO M. ARADO** 1/22/97 800 572-9810

CR2E034 (9/96)