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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L47950** **(5)**

1. Corporation Name
CAREMED RESPIRATORY SERVICES, INC.

Principal Place of Business	Mailing Address
13161 56TH COURT SUITE 201 CLEARWATER FL 34620 US	13161 56TH COURT SUITE 201 CLEARWATER FL 34620-4027 US

3. Date Incorporated or Qualified: 01/31/1990
3a. Date of Last Report: 04/18/1996

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 Country 25: USA

2a. Mailing Address
26: 1911 US HIGHWAY 301N.
Suite, Apt. #, etc.
27: SUITE #340
City & State
28: TAMPA, FL
Zip 29: 33619 Country 30: USA

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARADO, ROBERTO M.		1.2 NAME		
STREET ADDRESS	2201 JENNIFER LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HORNE, JAMES		2.2 NAME		
STREET ADDRESS	16503 AVILA BOULEVARD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KINTER, MICHAEL G.		3.2 NAME		
STREET ADDRESS	313 6TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] ROBERTO M. ARADO 4/22/97 813-677-9811