2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 30, 2005 8:00 am
Secretary of State
03-02-2005 90082 005 ***150.00

DOCUMENT # L47950

1. Entity Name
CAREMED RESPIRATORY SERVICES, INC.

66007971

Principal Place of Business	Mailing Address
1911 US HWY 301 N. STE #340 TAMPA, FL 33619 US	1911 US HWY 301 N. STE #340 TAMPA, FL 33619 US

01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2997540
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ARADO, ROBERTO M.
STREET ADDRESS	2201 JENNIFER LANE
CITY-ST-ZIP	VALRICO, FL
TITLE	PD
NAME	HORNE, JAMES
STREET ADDRESS	16503 AVILA BOULEVARD
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	KINTER, MICHAEL G.
STREET ADDRESS	313 6TH AVE.
CITY-ST-ZIP	TIERRA VERDE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 03/24/2005 813-621-7779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #