

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
 Feb 14 1996 8:00 am  
 Secretary of State

DOCUMENT # **L64164** (1)  
 1. Corporation Name  
**PROFESSIONAL RESPIRATORY CARE SERVICE, INC.**



Principal Place of Business: **9450 S.W. 72ND STREET SUITE 206-A MIAMI FL 33173**  
 Mailing Address: **9450 S.W. 72ND STREET SUITE 206-A MIAMI FL 33173**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
 2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **04/04/1990**  
 3a. Date of Last Report: **02/02/1995**  
 4. FLI Number: **65-0188592** 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  
**MARGOLIS, JOHN A  
 9990 SW 77TH AVENUE  
 SUITE 330  
 MIAMI FL 33156**

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 607.1356, 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: \_\_\_\_\_  
 Signature of Registered Agent: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 1. Title: **PD**  DELETE  
 NAME: **ANDUIZA, FRANCISCO A.**  
 STREET ADDRESS: **9450 S.W. 72ND ST, STE. 206A**  
 CITY, ST, ZIP: **MIAMI FL**  
 2. Title: **TS**  DELETE  
 NAME: **ANDUIZA, MARIA S**  
 STREET ADDRESS: **9450 SW 72ND STREET**  
 CITY, ST, ZIP: **MIAMI FL 33173**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1. TITLE:  Change  Addition  
 2. NAME:  Change  Addition  
 3. STREET ADDRESS:  Change  Addition  
 4. CITY, ST, ZIP:  Change  Addition  
 5. TITLE:  Change  Addition  
 6. NAME:  Change  Addition  
 7. STREET ADDRESS:  Change  Addition  
 8. CITY, ST, ZIP:  Change  Addition  
 9. TITLE:  Change  Addition  
 10. NAME:  Change  Addition  
 11. STREET ADDRESS:  Change  Addition  
 12. CITY, ST, ZIP:  Change  Addition

14. I hereby certify that the information supplied with this report was 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 an attachment with an address.

SIGNATURE: X *Maria S. Anduiza* X 2/16/96 X (305) 274-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARIA S. ANDUIZA** (Date: \_\_\_\_\_) (City: \_\_\_\_\_) (State: \_\_\_\_\_) (Zip: \_\_\_\_\_)

CR2E034 (12/95)