

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

FILED

**Apr 08 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 # 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 33173-3241
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2. Principal Place of Business 21 13465 S.W. 72nd Terrace Suite, Apt. #, etc.	2a. Mailing Address 26 13465 S.W. 72nd Terrace Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/04/1990	3a. Date of Last Report 02/14/1996
22 City & State 23 Miami, Florida	27 City & State 28 Miami, Florida	4. FEI Number 65-0188592	Applied For Not Applicable
24 Zip 33183	25 Country Dade	29 Zip 33183	30 Country Dade
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	

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDUIZA, FRANCISCO A.		1.2 NAME Maria S. Anduiza	
STREET ADDRESS 9450 S.W. 72ND ST, STE. 206A		1.3 STREET ADDRESS 13465 S.W. 72nd Terrace	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, Florida 33183	
TITLE TS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Maria S. Anduiza	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANDUIZA, MARIA S		2.2 NAME In trust for: Melissa S. Anduiza	
STREET ADDRESS 9450 SW 72ND STREET		2.3 STREET ADDRESS 13465 S.W. 72nd Terrace Miami, FL 33183	
CITY-ST-ZIP MIAMI FL 33173		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Maria S. Anduiza	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME In Trust for: Francisco A. Anduiza, Jr.	
STREET ADDRESS		3.3 STREET ADDRESS 13465 S.W. 72nd Terrace Miami, FL 33183	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Maria S. Anduiza	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME In Trust for: Ashley M. Anduiza	
STREET ADDRESS		4.3 STREET ADDRESS 13465 S.W. 72nd Terrace Miami, FL 33183	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Maria S. Anduiza	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME In trust for: Michelle L. Anduiza	
STREET ADDRESS		5.3 STREET ADDRESS 13465 S.W. 72nd Terrace Miami, FL 33183	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Maria S. Anduiza* **Maria S. Anduiza, President** Date: **4/01/97**

CR2E034 (9/96)