

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 AM 9:55

DOCUMENT # L91971 (6)

1. Corporation Name

TOTAL RESPIRATORY SERVICES, INC.

Principal Place of Business

9600 NW 25 ST.  
SUITE 102  
MIAMI FL 33172

Mailing Address

9600 NW 25 ST.  
SUITE 102  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
07/31/1990

3a. Date of Last Report  
08/15/1994

4. FBI Number  
65-0205995

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

2. Principal Place of Business

2a. Mailing Address

21 7200 NW 19 ST

26 7200 NW 19 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 600

27 600

City & State

City & State

23 MIAMI FL

28 MIAMI FL

24 33126

Country  
USA

29 33126

Country  
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ-PERAZA, JOSE  
9600 NW 25 ST.  
SUITE 6F  
MIAMI FL 33172

81 Name

CRUZ-PERAZA, JOSE

82 Street Address (P.O. Box Number is Not Acceptable)

7200 NW 19 ST SUITE 600

83

84 City

MIAMI

FL

85 Zip Code

33126

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

*Jose M. Cruz-Peraza* JOSE M. CRUZ-PERAZA

3-16-95

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
DEL VALLE, ALBERTO  
9600 NW 25 ST. STE. 6F  
MIAMI FL 33172

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
PTD  
FERNANDO PERAZA  
7200 NW 19 ST SUITE 600  
MIAMI FL 33126  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
CHAIRMAN  
JOSE CRUZ-PERAZA  
7200 NW 19 ST SUITE 600  
MIAMI FL 33126  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3-16-95 (305) 994-3270

Date

Daytime Phone #