CAPITAL CONNECTION 850 222 1222 04/23 '02 09:56 NO.404 01/01

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L91971

1. Entity Name
Total Respiratory Services, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 13 PM 12:25

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
150 NW 29th St Suite, Apt. #, etc.	150 NW 29th St. Suite, Apt. #, etc.	
City & State: Miami, Fl	City & State: Miami, Fl	4. FEI Number: 65-0205995 ☐ Applied For ☐ Not Applicable
Zip: 33127 Country: USA	Zip: 33127 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Frank D. Paez

Street Address (P.O. Box Number is Not Acceptable): 150 NW 29th Street

City: Miami FL Zip Code: 33127

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE PST V.P NAME Frank D. Paez STREET ADDRESS 150 N.W 29th St. CITY-ST-ZIP Miami, Fl 33127	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200037026752 05/24/04--01017--008 **900.00
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-12-04
Date

Document Number