

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M38353** (2)

1. Corporation Name

ADVANCE RESPIRATORY CARE SERVICES, INC.



Principal Place of Business

13070 SW 132 CT
MIAMI FL 33186
US

Mailing Address

14355 SW 96TH TERR
MIAMI FL 33186
US

3. Date Incorporated or Qualified

09/15/1986

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2725895

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

10. Name and Address of New Registered Agent

TURNER, FRANTZ
14355 SW 96TH TERRACE
MIAMI FL 33186

81. Name

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

83

84. City

FL

85. Zip Code

33196

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 607.1505, Florida Statutes.

SIGNATURE

Frantz Turner

4/15/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TURNER, FRANTZ	
STREET ADDRESS	14355 SW 96TH TERR	
CITY- ST- ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change ☐ Addition ☐
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	Change ☐ Addition ☐
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	Change ☐ Addition ☐
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	Change ☐ Addition ☐
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	Change ☐ Addition ☐
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

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 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:

Frantz Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

CR2E034 (12/95)