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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

M65565 **DOCUMENT #**

HOME RESPIRATORY CARE ASSOCIATES, INC.

Principal Place of Business 5313 COLLINS AVE. #801 Mailing Address

5313 COLLINS AVE. #801



MIAMI BEACH		MIAMI BEACH FL 3314	MIAMI BEACH FL 33140							
						3. Date Incorporated or Qualified 01/25/1988	3a. Date 0	f Last 28/1		
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number			Applied For	
1		26			65-0030821		<u> </u>	Not Applicable		
Suite, Apt #, etc		Suite, Apt. #, etc.				5. Cert-ficate of Status Desired			5 Additional Required	
City & State		City & State	7			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Co.	int y		8. This corporation has liability for	intangible tex	under:	s 199.032,	
1	25	29	30			1	1100			
	g, Name and Address of Current	Registered Agent		ļ		10. Name and Address of New R	legistered A	gent		
				81 Nar	ne					
REDD, P.	AUL			82 Stre	eet Addre	ss (P.O. Box Number is Not Acceptab	ole)			
	ILLIINS AVE. #801			83						
MIAMI BI	EACH FL 33140			83						
				84 City	/		FL	85	Zip Code	
				<u>L</u>		tion submits this statement for the pur d of directors. I hereby accept the app		LLL L	registered office	
	Signature: typiol or pertect in the of reposit outlines (OF HOFRS AND		011. Hogete in	IA, and segment	rere paid	ADDITIONS/CHANGES TO OFF	DAIL	DIRECT	IORS IN 12	
12. TITLE	DP OF TO: NO AND	DELETE	1 1 1	TIL:		A PARTITION OF THE PART		Change		
NAME	REDD, PAUL	\	1 2 N	AM						
STREET ADDRESS	5313 COLLINS AVE. #801			IRE: LADORE	SS					
CITY-ST-ZIP	MIAMI BEACH FL 33140		140	FTY ST ZIP						
THTLE	VP	DELETE	2 1	HTL).				Change	e 🔲 Addition	
NAME	CABRERA, ARMANDO		221	AM*.						
STREET ADDRESS	9008 NW 152 LANE		238	TREET ADDRE	FSS					
CHTY - ST - ZIP	MIAMI FL 33016	DELFTE		ITY ST 7IP				Change	e	
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NAME STREET ADORESS	17822 NW 80TH CT.			onv Striet ador	ESS					
CITY ST ZIF	MIAMI FL 33015			011 - ST - 71P						
TITLE		☐ DELETE	4 1					Chang	e 🔲 Addition	
NAME			421	IAN :						
STREET ADDRESS			435	FOOA 13 AT	ESS					
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tit/£		□ DELETE	5 1				L.] Chang	e 🔲 Addition	
NAMÉ				IAN E						
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NAME				NAME.					hard .	
STREET ADDRESS				STR ET ADDA	ESS					
CITY - ST - ZIP) T1 - \$3 - ZIP	- 1					
44 Ldo bosob	portfu that the information europlied	with this files is valuetarily fur				or the exemption stated in Section 119	07(3)/k) Flor	ida Sta	Jutes. I further	

Fuor nereby dentity that the information supplied with this ring is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated or 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 on powered 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: