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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M65565 (7)

1. Corporation Name
HOME RESPIRATORY CARE ASSOCIATES, INC.



Principal Place of Business
5313 COLLINS AVE. #801
MIAMI BEACH FL 33140

Mailing Address
5313 COLLINS AVE. #801
MIAMI BEACH FL 33140-2523

3. Date Incorporated or Qualified
01/25/1988

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0030821

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REDD, PAUL
5313 COLLINS AVE. #801
MIAMI BEACH FL 33140

81 Name

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

83

84 City

FL

85 Zip Code

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

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 DP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME REDD, PAUL
STREET ADDRESS 5313 COLLINS AVE. #801
CITY-ST-ZIP MIAMI BEACH FL 33140

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME CABRERA, ARMANDO
STREET ADDRESS 9008 NW 152 LANE
CITY-ST-ZIP MIAMI FL 33016

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME COBAS, EDWIN
STREET ADDRESS 17822 NW 80TH CT.
CITY-ST-ZIP MIAMI FL 33015

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)