

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M96834 (0)

1. Corporation Name  
A-1 RESPIRATORY, INC.

Principal Place of Business

1808 EASTLAKE WAY  
FT LAUDERDALE FL 33326  
US

Mailing Address

PO BOX 292215  
DAVIE FL 33329  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1988

4. FEI Number

65-0093594

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 20410 SW 53 PL

Suite, Apt. #, etc.

22 PEMBROKE PINES FL.

City & State

23 33332

Zip

Country

24 33332

Zip

Country

9. Name and Address of Current Registered Agent

SILVANO, REBOSIO  
1808 EASTLAKE WAY  
FT LAUDERDALE FL 33328

2a. Mailing Address

26 20410 SW 53 PL

Suite, Apt. #, etc.

27 PEMBROKE PINES FL.

City & State

28 33332

Zip

Country

29 33332

Zip

Country

10. Name and Address of New Registered Agent

81 Name

SILVANO REBOSIO

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

20410 SW 53 PL.

83

1

84

City PEMBROKE PINES FL

FL

85 Zip Code

33332

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

TITLE DP  
NAME REBOSIO, SILVANO  
STREET ADDRESS 1808 E LAKE WAY  
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME SILVANO REBOSIO  
1.3 STREET ADDRESS 20410 SW 53 PL.  
1.4 CITY-ST-ZIP PEMBROKE PINES FL. 33332

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. 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 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

SILVANO REBOSIO 4-8-98

CR2E034 (10/97)