


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90014 007 \*\*\*150.00

<b>DOCUMENT # P02000091357</b>	
1. Entity Name <b>RESPIRATORY CARE PROVIDERS, INCORPORATED</b>	

Principal Place of Business <b>18505 SW 104TH AVE., STE. 10 MIAMI, FL 33157</b>	Mailing Address <b>14102 S.W. 110 AVE. MIAMI, FL 33176</b>
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2. Principal Place of Business <b>14102 S.W. 110 AVE</b>	3. Mailing Address <b>14102 S.W. 110 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>1</b>

City & State <b>Miami FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33176</b>	Country
Country	Zip <b>33176</b>
Country	Country

01242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>13-4210823</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SCAVELLA, ROCHELLE 18505 SW 104TH AVE., STE. 10 MIAMI, FL 33157</b>	
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7. Name and Address of New Registered Agent Name <b>SCAVELLA, ROCHELLE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>14102 S.W. 110 AVE</b>	
City <b>MIAMI</b>	
City <b>FL</b>	Zip Code <b>33176</b>

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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><b>Rochelle Scavella</b></u> DATE <u><b>1/26/05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete <b>SCAVELLA, ROCHELLE 18505 SW 104TH AVE., STE. 10 MIAMI, FL 33157</b>	TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SCAVELLA, ROCHELLE 14102 S.W. 110 AVE MIAMI, FL 33176</b>
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete <b>SCAVELLA, FELIX 18505 SW 104TH AVE., STE. 10 MIAMI, FL 33157</b>	TITLE <b>VICE-PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SCAVELLA, FELIX 14102 S.W. 110 AVE MIAMI, FL 33176</b>
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete <b>SCAVELLA, KELLY 18505 SW 104TH AVE., STE. 10 MIAMI, FL 33157</b>	TITLE <b>Sec</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SCAVELLA, KELLY 14102 S.W. 110 AVE MIAMI, FL 33176</b>
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u><b>Rochelle Scavella</b></u> DATE <u><b>1/26/05</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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