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FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90550 025 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000033859

1. Entity Name
ADVANCED RESPIRATORY CARE CONSULTANTS, INC.

Principal Place of Business
1820 N CONGRESS AVE #E109
W PALM BCH, FL 33401

Mailing Address
1820 N CONGRESS AVE #E109
W PALM BCH, FL 33401

G6019817

2. Principal Place of Business: 404 Miremar La
Suite, Apt. #, etc.
City & State: PBG Fla
Zip: 33410
Country

3. Mailing Address: 404 Miramar Lane
Suite, Apt. #, etc.: PBG
City & State: PBG Fla 33410
Zip
Country

04292005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0777228 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FORTUNATO, ROBERT
1820 N CONGRESS AVE #E109
W PALM BCH, FL 33401

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FORTUNATO, ROBERT 1820 N CONGRESS AVE #E109 W PALM BCH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Robert S Fortunato — 4-29-05 — 561 906 1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #