FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014681 (9)

1. Corporation Name
RESPIRATORY DIAGNOSTICS, INC.

Principal Place of Business
% ARVELIO DEL LA TORRE
418 JEFFORDS STREET
CLEARWATER FL 34616

Mailing Address
411 S.E. 82ND PLACE
OCALA FL 34480-5731
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1993
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-3164483 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 414 Jeffords Street
22 Suite, Apt. # etc.
23 City & State: Clearwater Fl
24 Zip: 34616
25 Country

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
HUNTER, CHARLOTTE
426 N.W. 2ND AVE.
OCALA FL 34475

10. Name and Address of New Registered Agent
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) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KREBS, EARL S
STREET ADDRESS	411 S.E. 82ND PLACE
CITY-ST-ZIP	OCALA FL 34480
TITLE	VTD
NAME	ESCOBAR RRE, RICHARD T
STREET ADDRESS	411 S.E. 82ND PLACE
CITY-ST-ZIP	OCALA FL 34480
TITLE	S
NAME	PHINNEY, SUSAN
STREET ADDRESS	411 S.E. 82ND PLACE
CITY-ST-ZIP	OCALA FL 34480
TITLE	D
NAME	KREBS, ERIC S
STREET ADDRESS	1419 S. HILLCREST AVENUE
CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	KREBS ERIC	
1.3 STREET ADDRESS	414 Jeffords Street	
1.4 CITY-ST-ZIP	Clearwater, FL 34616	
2.1 TITLE	VICE PRESIDENT / DIRECTOR	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary / Director	☒ Change ☐ Addition
3.2 NAME	Richard Escobar	
3.3 STREET ADDRESS	411 SE 82nd Place	
3.4 CITY-ST-ZIP	Ocala, FL 34480	
4.1 TITLE	Treasurer / Director	☒ Change ☐ Addition
4.2 NAME	Richard Escobar	
4.3 STREET ADDRESS	411 SE 82nd Place	
4.4 CITY-ST-ZIP	Ocala, FL 34480	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard Escobar Secretary (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4/28/95 (Date) 904 237 5580 (Daytime Phone #)

0353728 CP