

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jan 25, 1996 08:00 AM  
Secretary of State

DOCUMENT # P93000017847 (3)

1. Corporation Name

RAPID OXIMETRY SERVICES, INC.



Principal Place of Business

Mailing Address

2441 NW 93RD AVE.  
SUITE 109  
MIAMI FL 33172  
US

2441 NW 93RD AVE.  
SUITE 109  
MIAMI FL 33172  
US

3. Date Incorporated or Qualified

03/08/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0402733

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

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, CLARA  
2441 NW 93RD AVE.  
SUITE 103  
MIAMI FL 33172

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 607.1506, 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

*Clara Perez*

(NOTE: Registered Agent Signature required when reinstating)

DATE

1-15-96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE  
NAME PEREZ, CLARA  
STREET ADDRESS 2441 NW 93RD AVE SUITE 109  
CITY-ST-ZIP MIAMI FL

2. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. 1. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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

*Clara Perez* CLARA A. Perez

1-15-96

(305) 591-2904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)