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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000026040 (4)

1. Corporation Name

TOTAL RESPIRATORY CARE, INC.



Principal Place of Business

7495 NW 7ST  
UNIT #1  
MIAMI FL 33126

Mailing Address

P.O. BOX 440827  
MIAMI FL 33144-0827

3. Date Incorporated or Qualified  
04/06/1993

3a. Date of Last Report  
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINITZ, EDWARD N ESO.  
WINITZ & MINKIN LAW OFFICES  
9130 S. DADELAND BLVD., SUITE 1705  
MIAMI FL 33156

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 of president or principal officer of registered agent and their approval.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME: PEREZ, ANDRES  
STREET ADDRESS: 7495 NW 7TH ST., UNIT 1  
CITY-ST-ZIP: MIAMI FL 33126

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME:

2.2 NAME

STREET ADDRESS:

2.3 STREET ADDRESS

CITY-ST-ZIP:

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME:

3.2 NAME

STREET ADDRESS:

3.3 STREET ADDRESS

CITY-ST-ZIP:

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME:

4.2 NAME

STREET ADDRESS:

4.3 STREET ADDRESS

CITY-ST-ZIP:

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME:

5.2 NAME

STREET ADDRESS:

5.3 STREET ADDRESS

CITY-ST-ZIP:

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME:

6.2 NAME

STREET ADDRESS:

6.3 STREET ADDRESS

CITY-ST-ZIP:

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRES PEREZ P.

Date

Daytime Phone #

2/27/96

CR2E034 (12/95)