## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90236 029 \*\*\*150.00

DOCUI	MENT # P930000						
Specialized Respiratory Care Services, Inc.				_			
		Mailing Address	_ <del></del>				
Principal Place							
1071 H	and in Terrace						
Davie,	FL 33325	Dovie, FL 333	525	DO NOT WRITE IN THI	S SPACE		
USA				Date Incorporated or Qualifed		i	
<u> </u>		<u>-</u>		6-10-1993			
	Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>	plied For	
21 (O 3 % Suite, Apt.	Sandalwood Lane	26 P.O. Box 8'	79153	65-0428051	\$8.75 A	t Applicable	
22 Suite, Apr.	#, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Re	I	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	May Be	
	Landardala, Florida	28 Pambraka Pi	ies. Florida	Trust Fund Contribution	Added to	•	
¦ ∠ip	Country	ZID	_ Country	8. This corporation owes the current year to			
24 33	326 25 USA		o usa	Personal Property Tax.		No	
<u> </u>	9. Name and Address of Current F	Registered Agent	Od Name	10. Name and Address of New Registered	d Agent		
Met	Donnell, Michael 1	٨	81 Name	ess (P.O. Box Number is Not Acceptable)			
11-1	conney introduce i	ess (P.O. Box Number is Not Acceptable)		ĺ			
1071	1 Hamlin Tarrace	č.	83	8 Sandalwood Lane			
	•						
.nan	ia, Florida 333:	- Landondola, Elasida Fl	85 Zip C	Code			
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	, the above-named corpo	oration submits this statement for the purpose of	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.							
agent, l a	im familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statutes.	1	,		
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statutes.	4/29	199		
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14. 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 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, with all other like empowered.

SIG	NAT	URE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR