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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90236 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000042653 ✓

1. Corporation Name

Specialized Respiratory Care Services, Inc.

Principal Place of Business

1071 Hamlin Terrace
Davie, FL 33325
USA

Mailing Address

1071 Hamlin Terrace
Davie, FL 33325
USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-10-1993

4. FEI Number

65-0428051

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

1038 Sandalwood Lane

Suite, Apt. #, etc.

22

City & State

Fort Lauderdale, Florida

Zip

33326

Country

USA

2a. Mailing Address

P.O. Box 849153

Suite, Apt. #, etc.

27

City & State

Pembroke Pines, Florida

Zip

33084

Country

USA

10. Name and Address of New Registered Agent

81 Name

Collins, Willie

82 Street Address (P.O. Box Number is Not Acceptable)

1038 Sandalwood Lane

83

84 City

Fort Lauderdale, Florida FL

85 Zip Code

33326

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 **Willie Collins**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **Collins, Willie**

STREET ADDRESS **1038 Sandalwood Lane**

CITY-ST-ZIP **Fort Lauderdale, Florida 33326**

TITLE **D** ☐ DELETE

NAME **Brooks, Timothy W.**

STREET ADDRESS **1334 S.E. First Way**

CITY-ST-ZIP **Deerfield Beach, Florida 33441**

TITLE **D** ☒ DELETE

NAME **McDonnell, Michael A.**

STREET ADDRESS **1071 Hamlin Terrace**

CITY-ST-ZIP **Davie, Florida 33325**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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.

SIGNATURE: **Willie Collins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

(954) 384-7966

Daytime Phone #