

**2003 FOR PROFIT CORPORATION 2003
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90130 033 ***150.00

DOCUMENT # P93000042653

1. Entity Name

SPECIALIZED RESPIRATORY CARE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

11029468

2. Principal Place of Business

3165 INVERNESS

3. Mailing Address

P.O. Box 849153

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

PEMBROKE PINES, FLORIDA

4. FEI Number

65-0428051

Applied For

Not Applicable

Zip

33332

Country

USA

Zip

33084

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

COLLINS, WILLIE

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

3165 INVERNESS

City

FORT LAUDERDALE, FL

Zip Code

33332

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
D
COLLINS, WILLIE
STREET ADDRESS
3165 INVERNESS
CITY-ST-ZIP
FORT LAUDERDALE, FLORIDA 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
D
BROOKS, TIMOTHY
STREET ADDRESS
1324 SE. 1st Street
CITY-ST-ZIP
DEERFIELD, FLORIDA 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2003 (954) 384-7966

Date

Daytime Phone #