FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

MAY 15 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000049241 (1)**

1. Corporation Name

VERO RESPIRATORY CARE, INC.

Principal Place of Business

370 MARBRISA DRIVE
VERO BEACH FL 32963-4260

Mailing Address

P.O. BOX 3183
VERO BEACH FL 32964-3183
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3191486 — 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 1458 OLD DIXIE HWY	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 VERO BEACH, FL	City & State 28
Zip 24 32960 — Country 25 USA	Zip 29 — Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GIBERT, GERTRUDE L 370 MARBRISA DR. VERO BEACH FL 32963	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	GIBERT, GERTRUDE L	1.2 NAME	
STREET ADDRESS	370 MARBRISA DR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	VERO BEACH FL 32963-4260	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	GILBERT, JOSE L	2.2 NAME	GIBERT, JOSE L.
STREET ADDRESS	370 MARBRISA DR.	2.3 STREET ADDRESS	370 MARBRISA DRIVE
CITY, ST, ZIP	VERO BEACH FL 32963-4260	2.4 CITY, ST, ZIP	VERO BEACH FL 32963-4260
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		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(1)(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.

SIGNATURE: Gertrude L. Gibert, Gertrude L. Gibert — May 1, 1995 — 407-564-4596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0421010 FP