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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000049241**1. Corporation Name

VERO RESPIRATORY CARE, INC.

Principal Place of Business Mailing Address						, 19911991 119 12199 11111 9911 9911	,,,, , , , , , , , , , , , , , , , , ,		
1458 OLD DIXIE HWY		P.O. BOX 3183							
VERO BEACH FL 32960		VERO BEACH FL 32964-3183 US				DO NOT WRITE IN THIS SPACE			
US		03				3. Date Incorporated or Qualifed			
						07/08/1993			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				<u>59-3191486</u>			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	_	\$8.75	
22 <u> </u>		27.						Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00 Added 1	
23		Zip Country				Trust Fund Contribution	woor Into		IO FBES
Zip	Country	29 30	1 ·			This corporation owes the current Personal Property Tax.		Yes	□No
24	9. Name and Address of Current					10. Name and Address of New Reg		<u> </u>	
	J. Hamo dita Addiedo di Garrone		81	Name					
Gibert, Gertrude L			-		A -l-l	on /D O. Bay Number in Net Accontable			
370	Marbrisa dr.		82	Street	Addres	ss (P.O. Box Number is Not Acceptable	")		
VER	D BEACH FL 32963		83						
			84	Cin				85 Zip (Code
				City		FL			
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 SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									gistered
12.	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	EKS ANL	Change	Addition
TITLE	DP CONTROL OF T	□ pere ie	1.1 TITLE					onango	
NAME	GIBERT, GERTRUDE L		1.2 NAME	- 1000500					
STREET ADDRESS	370 MARBRISA DR.			ADDRESS					
CITY-ST-ZIP	VERO BEACH FL 32963-4260	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP				Change	Addition
TITLE	GIBERT, JOSE L.	() Decerta	2.2 NAME					_ ,	
NAME	370 MARBRISA DR.			T ADDRESS					
STREET ADDRESS	VERO-BEACH-FL	مادي د د دست سيويوس	'2.'4 CiTY-5			الدالين بالسيار الدار الواليونيات <u>بالموات</u>		, , _ ···	
TITLE			3.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Change	Addition
NAME			3.2 NAME			·			
STREET ADDRESS	•		3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP					
TITLE	☐ DELETE 4.11		4.1 TITLE	1 TITLÉ				☐ Change	☐ Addition
NAME			4. 2 NAME						ł
STREET ADDRESS			4.3 STREE	T ADDRESS					į
CITY-ST-ZIP	4.4.C		4.4 CITY-S	T-ZiP					
TITLE	_		5.1 TITLE	I		,		Change	☐ Addition
NAME			·5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<u> </u>				M 4 3 3 3 3 4 4 5 5
TITLE		☐ DELETE	6.1 TITLE		1			Change	Addition
NAME			6.2 NAME		1				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90211 045 ***150.00