

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049241

FILED
Apr 30, 2004
Secretary of State

Entity Name: VERO RESPIRATORY CARE, INC.

Current Principal Place of Business:

1458 OLD DIXIE HWY
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3183
VERO BEACH, FL 329643183 US

New Mailing Address:

FEI Number: 59-3191486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBERT, GERTRUDE L
436 GREY WIG RD.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

GIBERT, GERTRUDE L
436 GREY TWIG RD.
VERO BEACH, FL 32963 US

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: GERTRUDE L. GIBERT

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GIBERT, GERTRUDE L
Address: 436 GREYTWIG RD
City-St-Zip: VERO BEACH, FL 32963 US

Title: V () Delete
Name: GIBERT, JOSE L.
Address: 436 GREYTWIG RD
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERTRUDE L. GIBERT

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date