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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000054370 (0)

1. Corporation Name

NORTHEAST RESPIRATORY CARE, INC.

Principal Place of Business

2450 SW 137 AVE.
#219
MIAMI FL 33175
US

Mailing Address

2450 SW 137TH AVE.
#219
MIAMI FL 33175-6332
US

3. Date Incorporated or Qualified
07/30/1993

3a. Date of Last Report
08/08/1996

2. Principal Place of Business

21 12460 SW 8 ST

Suite, Apt. #, etc.

22 # 206

City & State

23 MIAMI FL

Zip

24 33182

Country

25 Dade

2a. Mailing Address

26 12460 SW 8 ST

Suite, Apt. #, etc.

27 # 206

City & State

28 MIAMI FL

Zip

29 33182

Country

30 Dade

4. FEI Number

65-0443928

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

9. Name and Address of Current Registered Agent

CALDERON, AGUSTIN
1010 SW 94 AVE
MIAMI FL 33174

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME CALDERON, AGUSTIN
STREET ADDRESS 1010 SW 94 AVE.
CITY- ST- ZIP MIAMI FL

TITLE VTD ☒ DELETE

NAME MUNOZ, JOSE D
STREET ADDRESS 11035 S.W. 28TH STREET
CITY- ST- ZIP MIAMI FL 33165

TITLE SD ☐ DELETE

NAME MUNOZ, ELIZABETH
STREET ADDRESS 11335 S.W. 28 STREET
CITY- ST- ZIP MIAMI FL

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

V-SD
MUNOZ, ELIZABETH
9481 SW 11 ST
MIAMI, FL 33174

14. I do 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.

SIGNATURE:

X *Agustin Calderon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 04 28-97

(Date)

305-485-0920

Daytime Phone

0237610

CR2E034 (9/96)