

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

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**Feb 21 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 # P93000082954 (7)

1. Corporation Name
RESPIRATORY HEALTHCARE CONSULTANTS OF FLORIDA, I NC.



Principal Place of Business
**6079 OLD PASCO ROAD
WESLEY CHAPEL FL 33544
US**

Mailing Address
**6079 OLD PASCO ROAD
WESLEY CHAPEL FL 33544-3427
US**

3. Date Incorporated or Qualified **11/24/1993** 3a. Date of Last Report **02/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3216599	Applied For Not Applicable
21	26	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt #, etc.	Suite, Apt #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BOWERS, GEORGE R 6079 OLD PASCO ROAD WESLEY CHAPEL FL 33544		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, GEORGE R	1.2 NAME	
STREET ADDRESS	6079 OLD PASCO ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, MARK L	2.2 NAME	
STREET ADDRESS	4716 TAMPA DOWNS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALONEY, JOHN	3.2 NAME	
STREET ADDRESS	8467 ORANGE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTA LOMA CA	3.4 CITY-ST-ZIP	ZIP = 91701
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Mark L. Bowers* **MARK L. BOWERS** 2-18-97 813 973 3981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)