FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000011824 (7)**

1. Corporation Name
HEALTH CARE RESPIRATORY, INC.

Principal Place of Business	Mailing Address
70000SW 22ND CT. SUITE 154 DAVIE FL 33317 US	70000 SW 22ND CT SUITE 154 DAVIE FL 33317 US

3. Date Incorporated or Qualified: **02/14/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 7000 SW 22nd Ct.
22 Suite, Apt. #, etc. # 153
23 City & State: Davie, Fl.
24 Zip: 333
25 Country: Broward

2a. Mailing Address
26 P.O Box 45-1802
27 Suite, Apt. #, etc.
28 City & State: Sunrise, FL. 33345-1802
29 Zip: 33345-1802
30 Country: Broward

4. FEI Number: **65-0466573** ☐ 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

~~GITTERMAN, STEFAN~~
~~4700 HIATUS ROAD~~
~~NO. 154A~~
~~SUNRISE FL~~

10. Name and Address of New Registered Agent

81 Name: (Same) Stefen Gitterman
82 Street Address (P.O. Box Number is Not Acceptable): 9042 Lk Park Circle S.
83
84 City: Davie, FL 85 Zip Code: 33328

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: _____
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent's signature required when making change.

12. OFFICERS AND DIRECTORS			13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~GITTERMAN, STEFEN~~ ~~2004 NW 100RE AVE.~~ ~~PEMBROKE PINES FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Gitterman, Stefen 9042 Lk Park Circle S. Davie, Fl. 33328	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)