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
70000SW 22ND CT.
SUITE 154
DAVIE FL 33317
US

Mailing Address
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) 4042 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 signature required when resigning

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	GITTERMAN, STEFEN
STREET ADDRESS	~~2084 NW 100RE AVE.~~
CITY-ST-ZIP	~~PEMBROKE PINES FL~~
TITLE	Pres. ☐ DELETE
NAME	Gitterman, Stefen
STREET ADDRESS	4042 Lk Park Circle S.
CITY-ST-ZIP	Davie, Fl. 33328
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	

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)