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Mar 05 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 # P94000011824 (7)

1. Corporation Name
HEALTH CARE RESPIRATORY, INC.

Principal Place of Business

2000 SW 22ND CT.
#153
DAVIE FL 33345-802
US

Mailing Address

P O BOX 45-1802
SUNRISE FL 33345-1802
US



2. Principal Place of Business

21 2000 SW 22ND CT

Suite, Apt. #, etc.

22 #153

City & State

23 Davie, Florida

Zip

24 33317

Country

25 USA

2a. Mailing Address

26 Health Care Respiratory

Suite, Apt. #, etc.

27 P.O. Box 45-1802

City & State

28 Sunrise, FL.

Zip

29 33345-1802

Country

30 USA

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

05/01/1996

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
9042 LK PARK CIRCLE S
NO. 154A
DAVIE FL 33328

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 P
NAME GITTERMAN, STEFEN
STREET ADDRESS 2084 NW 193RD AVE.
CITY-ST-ZIP PEMBROKE PINES FL-
☒ DELETE

TITLE P
NAME GITTERMAN, STEFEN
STREET ADDRESS 4042 LK PARK CIRCLE S-
CITY-ST-ZIP DAVIE FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Stefan Gitterman
1.3 STREET ADDRESS 9042 LK PK. Circle S.
1.4 CITY-ST-ZIP DAVIE, FL. 33328
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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: Stefan Gitterman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 (954) 474-7251
Date Daytime Phone #

CR2E034 (9/96)