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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE.

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90116 016 ***150.00

DOCUMENT # P94000011824

1. Corporation Name

HEALTH CARE RESPIRATORY, INC.

			; 	-	حد	 			
Principal Place of Business Mailing Address									:U 14011 UIUI (UUI
2000 SW 22ND	•		HEALTH CARE RESPIRATORY						
STE 153 POST OFFICE BOX 45-1802							,		
DAVIE FL 33317 SUNRISE FL 33345-802							DO NOT WRITE IN THIS	SPACE	
US US							3. Date Incorporated or Qualifed		[
			-				02/14/1994		
2. Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Number	} 	pplied For
21		26					65-0466573		lot Applicable
Suite, Apt.	#, etc.	<u></u>	Suite, Apt. #, etc.				5. Certificate of Status Desired	¥	Additional tequired
City & State	e		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country Zip			Cou	Country		8. This corporation owes the current year Ir	tangible	
24	25	25 29 30		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered A	gent				10. Name and Address of New Registered	Agent	
					81	Name			
	ERMAN, STEFAN				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
9042 LK PARK CIRCLE S					"	Oli COL Floor	(COO (1:0: Box (Mailler to 1:0: 1:0: 1:0: 1:0: 1:0: 1:0: 1:0: 1:0		
NO. 154A					83				
DAVI	E FL 33328				84	City		85 Zip	Code
	• •						<u>_</u> FI	_	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the						-named.corp	poration submits this statement for the purpose of	f changing it	s 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									Ļ
SIGNATORE	Signature, typed or printed name of registered agen	nt and title if applicable	. (NOTE:	Registered	Agen	nt signature require	ed when reinstating) DATE		
12.		D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT Change	
TITLE	P		☐ DELETE	1.1 Π				☐ Criange	
NAME	GITTERMAN, STEFEN				AME				1
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14. I hereby certify that the information supplied with this filing does not qualify for the exempting stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied ental 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 of 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 chapted, or on an attachment with the address, with all effect like empowered.

SIGNATURE:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #