

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011824

1. Entity Name

HEALTH CARE RESPIRATORY, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90077 045 ***150.00

Principal Place of Business

2000 SW 22ND COURT
STE 153
DAVIE FL 33317
US

Mailing Address

HEALTH CARE RESPIRATORY,
POST OFFICE BOX 45-1802
SUNRISE FL 33345-1802
US

2. Principal Place of Business

7000 SW 22nd CT.
Suite, Apt. #, etc.
153

3. Mailing Address

P.O. Box 45-1802
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Davie, Florida

City & State

Sunrise, Florida

4. FEI Number

65-0466573

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33345-1802

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GITTERMAN, STEFAN	
STREET ADDRESS	9042 LAKE PARK CIRCLE STE 5	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)