

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **094000011824**

1. Entity Name

HEALTH CARE RESPIRATORY, INC.

FILED

02 MAR -8 PM 12:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7000 SW 22nd Court

3. Mailing Address

P. O. Box 45-1802

Suite, Apt. #, etc.

Ste. 153

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Sunrise, FL

4. FEI Number

65-0466573

Applied For

Not Applicable

Zip

33317

Country

US

Zip

33345-802

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional -
Fee Required**

7. Name and Address of Current Registered Agent

Name

STEFEN GITTERMAN

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

9042 Lake Park Circle S.

City

Davie

FL

Zip Code

33328

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Gitterman, Stefen
9042 Lake Park Circle S.
Davie, FL 33328**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other line empowered.

SIGNATURE:

STEFEN GITTERMAN, President

Date

Daytime Phone #

2/28/02 (954) 450-5807

CR2E034B (12/01)