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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northerm
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000049646 (0)**

1. Corporation Name

RESPIRATORY HEALTH CARE SERVICES, CORP.

Principal Place of Business

**1840 W 49TH ST. 605
HALEAH FL 33012**

Mailing Address

**1840 W 49TH ST. 605
HALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1994

3a. Date of Last Report

2. Principal Place of Business

21 **3790 WEST 12 Ave**

2a. Mailing Address

26 **3790 WEST 12 Ave**

4. FEI Number

650505661

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

H. ALEAH FL.

City & State

H. ALEAH FL.

Zip

33012

Country

DADE

Zip

33012

Country

DADE

9. Name and Address of Current Registered Agent

**FREIRA, JESUS
1840 W 49TH ST, 605
HALEAH FL 33012**

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 of Registered Agent (print name and title) (Print name and title of registered agent on separate sheet if necessary) (AT)

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1. TITLE NAME STREET ADDRESS CITY ST ZIP
D FREIRA, JESUS 253 E 52ND ST HALEAH FL 33013
2. TITLE NAME STREET ADDRESS CITY ST ZIP
3. TITLE NAME STREET ADDRESS CITY ST ZIP
4. TITLE NAME STREET ADDRESS CITY ST ZIP
5. TITLE NAME STREET ADDRESS CITY ST ZIP
6. TITLE NAME STREET ADDRESS CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 110.07(3)(b), 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:

JESUS FREIRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JESUS FREIRA - PRES

4/8/95 (305) 556-1929
Date Signature