

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

1995



05/12/95 PM 3:14

RECEIVED
FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091089 (0)

M.R. RESPIRATORY, INC.

2212 S.W. 22ND AVE.
MIAMI FL 33145

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MIAMI FL 33145

21	2a. Name of Agent	26	3. Date of Birth or Registration	10a. Date of Last Filing
21	2b. Address of Agent	27	4. File Number	11. Applied For
22	2c. City, State	28	65-0542 843	Not Applied For
23	2d. Zip Code	29	5. Certificate of Mailed Desired	\$8.75 Additional Fee Required
24	30	6. Election Campaign Finance Trust Fund Contribution	\$5.00 May Be Added to Fees	
7. The corporation has liability for intangible tax under § 109 QSO, Florida Statutes.			8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
9. Name and Address of Current Registered Agent				
10. Name and Address of New Registered Agent				
B1. Name				
B2. Street Address (P.O. Box Numbers Not Acceptable)				
B3.				
B4. City FL B5. Zip Code				

11. I, the undersigned, by the penalties of perjury, do solemnly swear that 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 aware that I must add the suffixes of, "Section 607,0000, Florida Statutes".

5/12/95 AM 4:49

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD BASULTO, FELIPE 2212 S.W. 22ND AVE. MIAMI FL 33145	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD REPILADO, MARGARITA C 2212 S.W. 22ND AVE. MIAMI FL 33145	5. NAME 6. NAME 7. STREET ADDRESS 8. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD PRIETO, MARCIA G 2212 S.W. 22ND AVE. MIAMI FL 33145	9. NAME 10. NAME 11. STREET ADDRESS 12. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	13. NAME 14. NAME 15. STREET ADDRESS 16. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	17. NAME 18. NAME 19. STREET ADDRESS 20. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	21. NAME 22. NAME 23. STREET ADDRESS 24. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, find the record information supplied with the above document fully accurate and true and clearly for the exemption stated in Section 109 of the Florida Statutes. I further certify that the individual(s) indicated on the attached copy of the application shall report as true and accurate and that my signature shall have the same legal effect as if made on the original application. The corporation or the individual(s) named on the application or the record of the filing date, who wished to execute the report as required by Chapter 109, Florida Statutes, and that my name appears on the original application or the record of the filing date on the original application.

SIGNATURE: *Margaria G. Prieto* MARGARITA G.
PRIORITY
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X-2-16/95 (305)
MF-2-22/2
05/12/95