

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

APPROVED
AND
FILED

1995

SEP 12 - 7 PM 3:14

DOCUMENT # P94000091089 (0)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

M.R. RESPIRATORY, INC.

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

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

3. Date of Report	3a. Date of Report
12/16/1994	
4. Filing Number	4a. Filing Number
65-0542843	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Contribution	☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.035, Florida Statutes.	☒ Yes ☐ No

2. Filing Number	2a. Filing Number
21. Filing Number	21a. Filing Number
22. Filing Number	22a. Filing Number
23. Filing Number	23a. Filing Number
24. Filing Number	24a. Filing Number

9. Name and Address of Current Registered Agent	
BASULTO, FELIPE 2212 S.W. 22ND AVE. MIAMI FL 33145	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. I, undersigned, the undersigned, Secretary, 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office to the registered agent for 1995 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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD BASULTO, FELIPE 2212 S.W. 22ND AVE. MIAMI FL 33145	1. TITLE	☐ Change ☐ Addition
NAME	VD REPILADO, MARGARITA C 2212 S.W. 22ND AVE. MIAMI FL 33145	2. NAME	
NAME	STD PRIETO, MARCIA G 2212 S.W. 22ND AVE. MIAMI FL 33145	3. STREET ADDRESS	
NAME		4. CITY, ST, ZIP	
NAME		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
NAME		7. STREET ADDRESS	
NAME		8. CITY, ST, ZIP	
NAME		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
NAME		11. STREET ADDRESS	
NAME		12. CITY, ST, ZIP	
NAME		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
NAME		15. STREET ADDRESS	
NAME		16. CITY, ST, ZIP	
NAME		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
NAME		19. STREET ADDRESS	
NAME		20. CITY, ST, ZIP	
NAME		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
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NAME		24. CITY, ST, ZIP	
NAME		25. TITLE	☐ Change ☐ Addition
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NAME		92. CITY, ST, ZIP	
NAME		93. TITLE	☐ Change ☐ Addition
NAME		94. NAME	
NAME		95. STREET ADDRESS	
NAME		96. CITY, ST, ZIP	
NAME		97. TITLE	☐ Change ☐ Addition
NAME		98. NAME	
NAME		99. STREET ADDRESS	
NAME		100. CITY, ST, ZIP	

14. I, undersigned, certify that the information supplied with this report is true and correct and that the corporation has filed this report as required by Chapter 190, Florida Statutes, and that my name is on the list of officers and directors of the corporation for the year ending on the date of filing this report.

SIGNATURE: *MARGIA G. PRIETO*
SIGNATURE AND TYPE OF OFFICER IS NAME OF SIGNING OFFICER OR DIRECTOR
X-2-16/95 (305)
878-2212