PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95	UU	UU	U/		16	j
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1. Corporation Name

Principal Place of Business 1096 MILL RUN CIRCLE

APOPKA FL 32704

A&S RESPIRATORY MEDICAL SUPPLY, INC.

APOPKA FL 32704

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1096 MILL RUN CIRCLE



If above a	iddresses are incorrect in any v	vay, line through incorrect	information and en	ter correction below				
New Principal Office Address, If Applicable 3. Ne Suite, Apt. #, etc. Suite,			New Mailing Office Address, If Applicable     Suite, Apt. #, etc.  City & State		4. Date Incorporated or Qualified To Do Business in Florida  01/25/1995  5. FEI Number Applied For			
		Suite, Apt. (						
		City & State			393294263 Not Applic			
Zip	Country	Zip	Cou	untry	— 6. CERTIFICA	ATE OF STATUS DESIRED ( S8.75	Additional Fee required ra Certificate of Status	
7. Names	and Street Addresses of Each	Officer and/or Director (FI	lorida nonprofit corp	porations must list at	least 3 directors)			
Title(s)	Name of Officers Title(s) 2		3 (Do NO	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip		
D	ROBINSON, ALEX			1098 MILL RUN CIRCLE		APOPKA FL 32704		
						<b>E:OOOO1</b> \$ -10/04/9801 ****225.00	365026 038029 ****225.00	
						a. Man 9-20	) -96	
	B. Name and Address	of Current Registered Ag	gent	Name	9. Name an	d Address of New Registered A	gent	
ROBINSON, ALEX 1096 MILL RUN CIRCLE APOPKA FL 32704			Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.					
10. I, being	g appointed the registered ager	al of the above named con	poration, am familie	City	e obligations of Se	ection 607.0505, F.S.	Zip Code	
Registered		REGISTEREDA	GENT MUST SIGN	<i>'' '                                 </i>		Date 9/16/94		
∮1. Dα De	pes this corporation ept. of Revenue un	n pay any intan ider S. 199.032	gible tax to , Florida St	the atutes. Ye	s 🗌 No [	(See other side on intang	for information jible tax.)	
this reir owed b	istatement application, the reas	ion for dissolution has bee iid and the names of indiv	en eliminated, the or iduals listed on this	orporate name satisf i form do not qualify	fies the requirement for an exemption	chapter 607 or 617, F.S. I further onts of section 607.0401 or 617.040 under section 119.07(3)(i). F.S. Ti	01, F.S., that all fees	