


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90154 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000016519
1. Corporation Name
MED-CARE RESPIRATORY SUPPLIES, INC.



Principal Place of Business 3600 S. STATE ROAD 7 SUITE 12 MIRAMAR FL 33023 US	Mailing Address 3600 S. STATE ROAD 7 SUITE 12 MIRAMAR FL 33023 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6426 Pembroke Rd Suite, Apt. #, etc. 22 City & State 23 Miramar FL Zip 24 33023	2a. Mailing Address 26 6426 Pembroke Rd Suite, Apt. #, etc. 27 City & State 28 Miramar FL Zip 29 33023	3. Date Incorporated or Qualified 02/28/1995	4. FEI Number 65-0561349	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HERNANDEZ, LAURA 3600 S. STATE RD 7 SUITE 12 MIRAMAR FL 33023	10. Name and Address of New Registered Agent 81 Name Roberto Sanchez 82 Street Address (P.O. Box Number is Not Acceptable) 6426 Pembroke Road 83 84 City Miramar FL 85 Zip Code 33023
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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: Roberto Sanchez DATE: 2/13/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	HERNANDEZ, LAURA	
STREET ADDRESS	1439 NW 161 AVE.	
CITY-ST-ZIP	P. PINES FL 33028	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Roberto Sanchez		
1.3 STREET ADDRESS	6426 Pembroke Road		
1.4 CITY-ST-ZIP	Miramar FL 33023		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Roberto Sanchez DATE: 2/13/99 954 894 8004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)