

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

pg 1
FILED

98 AUG 26 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000028385 (9)
1. Corporation Name
SUNSHINE RESPIRATORY & HEALTH CARE EQUIPMENT, IN C.

Principal Place of Business

9007D BOCA GARDENS CIR. SOUTH
BOCA RATON FL 33496

Mailing Address

9007D BOCA GARDENS CIR. SOUTH
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1995

4. FEI Number

65-0677324

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 1898 NW AZALEA ST

2a. Mailing Address

26 1898 NW AZALEA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 STUART, FLORIDA

City & State

28 STUART, FLORIDA

Zip

24 34994

Country

25 MARTIN

Zip

29 34994

Country

30 MARTIN

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

800002625988-9

83

08/26/98-01096-011

84 City

***150.00 ***150.00

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D GREENE, HEDY
STREET ADDRESS 9007D BOCA GARDENS CIR. SOUTH
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME HEDY GREENE
1.3 STREET ADDRESS 1898 NW AZALEA ST
1.4 CITY-ST-ZIP STUART, FLORIDA 34994

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 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. 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:

Hedy Greene

7/31/98 561 692-1998

0107294

CR2E034 (5/98)



SUNSHINE RESPIRATORY

1898 N.W. Azalea Street, Stuart, Florida 34994
Martin Co. 561/692-1998
Palm Beach 561/ 477-6662
Fax 561/692-7699

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July 31, 1998

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sunshine Respiratory & Health Care Equipment, Inc.
Doc # - P95000028385-9


Dear Sirs:

The above named corporation had filed its Annual Report at the end of April 1998. We were told there might be a lag in processing the report, so we were not alarmed that the check hadn't cleared in May. Unfortunately, we just received a notice which indicates your office had received no filing. We were instructed to explain this in a letter to you and re-file the form. We have enclosed a check for \$150.00 and have filled out the most recent form which was sent to us. Please contact us if we could furnish you with any additional information or even a copy of the form originally filed.

We hope this letter is sufficient to accept the lower fee. Your cooperation and understanding in regard to this situation is greatly appreciated.

If your office needs any other information, we will furnish it as quickly as possible. Also, please make note of our new address.

Very truly yours,



Hedy Greene
President