FILE NOW: FILING FEE AFTER MAY 1 IS

PROFIT CORPORATION ANNUAL REPORT



LORIDA DEPARTMENT DE STATE Sandra B. Mortham 🧳 Tecretary 🖝 State

1997

CIVISION OF CORPORATIONS DOCUMENT #

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97 HII -8 AMID: 13

1. Corporation	Name	000170	1 1 -10	2130L C	, WILLO, 10
	Respiratory	Educational Co	asultents, INC.	CEPURTAL CEPURTAL	Y OF STATE
	, ,				1 VE STATE 200 ELODIDA
ı				TALLAMASS	BEE, FLORID a
Principal Place	of Business	Mailing Address			
1846	5 W. 49 St. 5	wite 2.20-12			
1/2	Aleah , Flonda	33012			
• • • •	medo / r lonan	• •		3. Date Incorporated or Qualified	3a. Date of Last Report
•					1
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-05807	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	>.	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζiρ *	Country	8. This corporation has iiability for	ntangible tax under s 199.032,
24	25	29]	30	Florida Statutes Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name (0/0/0 (0/0 (0/0))					
1 40015 CAZO					
			82 Street Addre	ess (P.O. Box Number is Not Acceptab	"# 220-l2
			1840	ω , 49 s ₁ .	, TT A 40 14
					•
			84 City 1 A	10AH	FL 85 Zip Code / 2
11 Dimensort	to the provisions of Sections 80:	7 0502 and 607 1508 Florida S	retides the shous-named comors	ation submits this statement for the our	FL 330/A
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 an accept the obligations of, Section 607.0505, Florida Statutes.					
	to and accept the obligations of	r, Section 607.0606, Florida Sta	COS		94/29/87
SIGNATURE	signature, poed or priviled name of register	ed spent and title if abblicable	(NOTE: Registured Accord signature required	When reinstating)	- 1972777 DATE
12.		RS AND DIRECTORS	19.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	President	DELETE	1. 1 TITLE	Louis LAZO	Change Addition
NAME	Reinalda Hernand	le z	1.2 NAME	President /TASA/SE	200
STREET ADDRESS	1840 W. 49 St.	, S.6 220°12	1.3 STREET ADDRESS	1840 W. 4951. 1 2 2:	4.72
CITY-ST-ZIP	Hinland, FLA 3	13012	1.4 CITY-\$1-ZIP	Hinlenk, FLA 53012	· •.
TITLE		☐ DELETE	2 1 TITLE	1	Change Addition
NAME			2.2 NAME		6,
STREET ADDRESS			2.3 STREET ADDRESS		<u>.</u>
CITY-ST-ZIP			2 4 CITY - ST-ZIP		
TITLE	1	☐ DELETE	3. 1 TITLE	والمراور فيارون مريوا فيارا المراورة فيارا والم	Change 🔲 Addition
NAME			3.2 NAME	80000022 302707	2364287
STREET ADDRESS			3.3. STREET ADDRESS	#015.1153	5.00 ****165.00
CITY AGT - ZIP				atratratest 1 CM	
			3.4 CITY-ST-ZIP	******1E	
TITLE		☐ DELETE	4. 3 TiTLE	******155	Change Addition
TITLE NAME		☐ DELETE	4.3 TITLE 4.2 NAME	*****15!	
TITLE		☐ DELETE	4.2 Tille 4.2 Name 4.3 Street address	*****165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	4.1 Tille 4.2 Name 4.3 Street address 4.4 City - St - Zip	*****155	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.2 Tille 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE	*****155	
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certify that the information indicated on this annual report of supplemental annual report is frue and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or one; for 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 for on an attachment with an address.

ME OF SIGNING OFFICER OR DIRECTOR