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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P 95-000038258

1. Corporation Name
BREATH OF LIFE CARE, INC.

Principal Place of Business	Mailing Address
7805 S.W. 24 Street Suite 131 Miami, Florida 33155	7805 S.W. 24 Street Suite 131 Miami, Florida 33155

2. Principal Place of Business 21 12151 S.W. 131 Avenue	2a. Mailing Address 26 2655 LeJeune Road	3. Date Incorporated or Qualified	3a. Date of Last Report
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 807	4. FEI Number 650584268	☐ Applied For ☐ Not Applicable
City & State 23 Miami, Florida	City & State 28 Coral Gables, Fl.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 33186 / 25 USA	Zip / Country 29 33134 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

JUSTO J. RUIZ
3015 S.W. 99 Court
Miami, Florida 33165

10. Name and Address of New Registered Agent

81 Name: LESTER G. KATES, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 2655 LeJeune Road, SUite 807
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: Lester G. Kates DATE: 8/25/96
Signature of new registered agent required when reinstating (DATE) Registered Agent signature required when filing/adding
LESTER G. KATES, ESQ.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/VP/T/D 7805 S.W. 24 Street, No.131 Miami, Florida 33155	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/S/T/D MARIO L. FERNANDEZ-RIERA 8701 S.W. 41 Terrace Miami, Florida ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 800001951468 -09/19/96--01010--015 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 8/29/96
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: 8/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
MARIO L. FERNANDEZ-RIERA, Pres.

CR2E034 (12/95)