FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000049401 (9)**

1. Corporation Name

OXYGEN & RESPIRATORY THERAPY, INC.

Principal Place of Business	Mailing Address
5757 BENEVA RD. SOUTH UNIT 4 SARASOTA FL 34233	5757 BENEVA RD. SOUTH UNIT 4 SARASOTA FL 34233

3. Date Incorporated or Qualified: 06/22/1995

3a. Date of Last Report:

2. Principal Place of Business
21: 3451 Queens ST
Suite, Apt. #, etc. 22: # 412
City & State 23: Sarasota, FL
Zip 24: 34231 Country 25: Sarasota

2a. Mailing Address
26: 3451 Queens ST
Suite, Apt. #, etc. 27: # 412
City & State 28: Sarasota FL
Zip 29: 34231 Country 30: Sarasota

4. FEI Number: 65-0595078 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PREWETT, DANIEL L
5757 BENEVA RD. SOUTH
UNIT 4
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 5777 Beneva Rd S. Unit 14
83:
84 City: Sarasota **FL** 85 Zip Code: 34233

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: Daniel L Prewett 4/29/96
Signature of, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	WRIGHT, MICHELE	
STREET ADDRESS	5757 BENEVA RD. SOUTH, #4	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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	Pres, D, Pres/Treas/Sec/D	☐ Change ☑ Addition
1.2 NAME	Randall Wright	
1.3 STREET ADDRESS	3451 Queens ST #412	
1.4 CITY-ST-ZIP	Sarasota, FL 34231	
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		

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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)(k), 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: Randall L Wright Randall Wright 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

941-925-4942
Daytime Phone #