

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # PA50000049401

1. Entity Name

Oxygen & Respiratory Therapy, Inc.

FILED

00 APR 21 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2828 Clark Road
Suite One
Sarasota, FL 34231

Mailing Address

1701 S. Alexander St.
Suite 110
Plant City, FL 33567

2. Principal Place of Business

2828 Clark Road

3. Mailing Address

1701 S. Alexander St.

Suite, Apt. #, etc.

Suite One

Suite, Apt. #, etc.

Suite 110

City & State

Sarasota, Florida

City & State

Plant City, Florida

Zip

34231

Country

Sarasota

Zip

33567

Country

Hillsborough

4. FEI Number

65-0595078

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Daniel L. Prewett
5777 Beneva Road South
Unit 14
Sarasota, Florida 34233

7. Name and Address of New Registered Agent

Name

Gregory Alan Bane

Street Address (P.O. Box Number is Not Acceptable)

1701 South Alexander Street

Suite 110

City

Plant City

FL

Zip Code
33567

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Gregory Alan Bane

DATE

4/18/00

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P/VP/T/S/D ☒ Delete
NAME Michele Wright
STREET ADDRESS 2828 Clark Road, Suite One
CITY-ST-ZIP Sarasota, Florida 34231TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T/S/D ☒ Change ☐ Addition
NAME Ben W. Bane
STREET ADDRESS 3213 Polk Place
CITY-ST-ZIP Plant City, Florida 33567TITLE ☐ Change ☐ Addition
NAME 300003237093--1
STREET ADDRESS -05/03/00--01075--010
CITY-ST-ZIP *****61.25 *****61.25TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ben W. Bane

Date

Daytime Phone #

(813)752-3061

CR2E034 (9/99)

KE