

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073777 (1)

1. Corporation Name

RESPIRATORY HOMECARE, INC



Principal Place of Business

8420 43RD AVE DR W
BRADENTON FL 34209

Mailing Address

8420 43RD AVE DR W
BRADENTON FL 34209

2. Principal Place of Business

2a. Mailing Address

21

26

10907 US 92 E

3. Date Incorporated or Qualified
09/22/1995

3a. Date of Last Report

4. FLE Number
650610200

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. 190.032,
Florida Statutes

Yes ☐ No ☒

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

27 Suite 13
28 Seffner, FL

Zip

Country

Zip

Country

24

25

29

33584

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEE, DARRELL K
8420 43RD AVE DR W
BRADENTON FL 34209

81 Name

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

83

84 City

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 the corporation

(Print) First Name Agent Registration expires date (month/year)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Owner/President
NAME Darrell K. Kee
STREET ADDRESS 8420 43rd Ave Dr West
CITY-ST-ZIP Bradenton, Florida, 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

900001868849
-06/20/96--01021--012
***225.00

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 or person 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:

Darrell K. Kee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-34-96

813-628-0044

CR2E034 (12/95)