

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000073777 (1)

1. Corporation Name
RESPIRATORY HOMECARE, INC



Principal Place of Business

8521 43RD AVE DR WEST
BRADENTON FL 34209
US

Mailing Address

10907 UW 92 E.
STE 13
SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1995

4. FEI Number

65-0610200

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 10907 UW 92 East

Suite, Apt. #, etc.

22 Suite 13

City & State

23 Seffner FL

Zip

24 33584

Country

25 USA

2a. Mailing Address

26 710 OAKFIELD DR

Suite, Apt. #, etc.

27 #114

City & State

28 Brandon, FL

Zip

29 33511

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

William C. Staley

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

1014 Kay Jean Dr

83

84 City

Valrico

FL

85 Zip Code

33594

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 William C. Staley

William C. Staley

2-11-98

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KEE, DARRELL K
STREET ADDRESS 8420 43RD AVE DR W
CITY-ST-ZIP BRADENTON FL 34209 ☒ DELETE

TITLE
NAME Charles, Irving
STREET ADDRESS 2208 Village Ct.
CITY-ST-ZIP Brandon, FL 33511 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME William C. Staley
1.3 STREET ADDRESS 1014 Kay Jean Dr
1.4 CITY-ST-ZIP Valrico, FL 33594 ☐ Change ☒ Addition

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

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

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

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

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

14. 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 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 William C. Staley

11-9-98

CR2E034 (10/97)