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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000075202 (8)**

1. Corporation Name
RESPICARE PLUS, INC.

Principal Place of Business	Mailing Address
2955 HARTLEY ROAD SUITE 105 JACKSONVILLE FL 32257	2955 HARTLEY ROAD SUITE 105 JACKSONVILLE FL 32257-6284

3. Date Incorporated or Qualified: 09/29/1995
3a. Date of Last Report: 02/16/1996
4. FEI Number: 59-3337041 (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

2. Principal Place of Business	2a. Mailing Address
21 12755 SW 45TH LN	26 Same
22 Suite, Apt. #, etc.	27 Same
23 City & State: MIAMI FL	28 Same
24 Zip: 33175 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

ORDOQUI, MERILEA
2955 HARTLEY ROAD
SUITE 105
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: RAMON FONSECA
82 Street Address (P.O. Box Number is Not Acceptable): 12755 SW 45 LN
83
84 City: MIAMI FL 85 Zip Code: 33175

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: R Ramon — 03/10/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: For profit Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE: President	☒ Change ☐ Addition
NAME	FONSECA, RAMON	1.2 NAME	
STREET ADDRESS	461 S.W. 42ND AVENUE APT. 103	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: R Ramon — 03/10/97 — 305-2226155