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 # **P95000086398 (1)**

1. Corporation Name

RESPIRATORY CARE PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
1100 N.E. 14TH AVENUE **FORT LAUDERDALE FL 33304**	**1100 N.E. 14TH AVENUE** **FORT LAUDERDALE FL 33304**

3. Date Incorporated or Qualified: **11/09/1995**

3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 65-0622722 ☐ 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

FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: EUGENE CRANE
82 Street Address (P.O. Box Number is Not Acceptable): 1100 NE 14TH AVENUE #D
83
84 City: FT LAUDERDALE **FL** 85 Zip Code: 33304

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: EUGENE H CRANE - SECRETARY/TREASURER 5/5/96
Signature of Registered Agent (if changing) — Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RETTINGER, WILLIAM J	
STREET ADDRESS	1100 N.E. 14TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	D	☐ DELETE
NAME	CRANE, EUGENE	
STREET ADDRESS	1100 N.E. 14TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/D	☑ Change ☐ Addition
1.2 NAME	RETTINGER, WILLIAM J	
1.3 STREET ADDRESS	1100 NE 14TH AVENUE #D	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304	
2.1 TITLE	S/T/D	☑ Change ☐ Addition
2.2 NAME	~~EUGENE CRANE~~ CRANE, EUGENE	
2.3 STREET ADDRESS	1100 NE 14TH AVENUE #D	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304	
3.1 TITLE	V/D	☐ Change ☑ Addition
3.2 NAME	ANDRES, DEBORAH	
3.3 STREET ADDRESS	1100 NE 14TH AVENUE #A	
3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304	
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		

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)(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 J Rettinger WILLIAM J RETTINGER - PRESIDENT 5/5/96 954-522-6269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)