

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**  
 05-11-2000 90006 043 \*\*\*150.00

**DOCUMENT #** P95000094160  
**1. Entity Name**

**ALERT RESPIRATORY SERVICES INC.**

**Principal Place of Business**      **Mailing Address**  
 6420 Topaz Court      6420 Topaz Court  
 Fort Myers, FL 33912      Fort Myers, FL 33912  
 US      US

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**      **Applied For**  
 65-0446308      ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Militello, Karen  
 4020 S.W. 2nd Avenue  
 Cape Coral, FL 33914

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**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)      DATE

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |   |                       |   |
|-----------------------|---|-----------------------|---|
| <b>TITLE</b>          | <b>D</b> <input type="checkbox"/> Delete            | <b>TITLE</b>          | <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | MILITELLO, KAREN                                    | <b>NAME</b>           | BOYKIN, KELLY   |
| <b>STREET ADDRESS</b> | 4020 S.W. 2nd AVE.                                  | <b>STREET ADDRESS</b> | 21322 GRAYTON TERRACE   |
| <b>CITY-ST-ZIP</b>    | CAPE CORAL, FL 33914                                | <b>CITY-ST-ZIP</b>    | PORT CHARLOTTE, FL 33954  |
| <b>TITLE</b>          | <b>V</b> <input type="checkbox"/> Delete            | <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| <b>NAME</b>           | MILITELLO, THOMAS J.                                | <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> | 4020 S.W. 2ND AVE.                                  | <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    | CAPE CORAL, FL 33914                                | <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <b>T</b> <input type="checkbox"/> Delete            | <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| <b>NAME</b>           | CUENCA, ROBERT                                      | <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> | 423 S.W. 38TH ST.                                   | <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    | CAPE CORAL, FL 33914                                | <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Delete                     | <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| <b>NAME</b>           |   | <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   | <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   | <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <b>S</b> <input checked="" type="checkbox"/> Delete | <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| <b>NAME</b>           | MORROW, RICHARD                                     | <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> | 5342 COLONADE COURT                                 | <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    | CAPE CORAL, FL 33904                                | <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Delete                     | <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| <b>NAME</b>           |   | <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   | <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   | <b>CITY-ST-ZIP</b>    |   |

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:** *Karen A. Militello*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/2000*  
 Date

*941-275-9200*  
 Daytime Phone #

CR2E034 (9/99)