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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000066131 (8)

1. Corporation Name

ASTHMA CARE INTERNATIONAL, INC.



Principal Place of Business

2856 NE 36TH STREET
FORT LAUDERDALE FL 33308

Mailing Address

2856 NE 36TH STREET
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1997

2. Principal Place of Business

2a. Mailing Address

21 201 NW 82 Ave.

26 201 NW 82 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 406

27 406

City & State

City & State

23 Plantation FL

28 Plantation FL

Zip

Zip

Country

Country

24 33324

25 USA

29 33324

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, H W
2856 NE 36TH STREET
FORT LAUDERDALE FL 33308

81 Name

Moselle, Herbert I., M.D.

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

201 NW 82nd Ave. # 406

83

84 City

Plantation

FL

85 Zip Code

33324

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

President

4/22/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME D, T
STREET ADDRESS LEE, H W
CITY-ST-ZIP 2856 NE 36TH STREET
FORT LAUDERDALE FL 33308

1.1 TITLE (P)
1.2 NAME Moselle, Herbert I., M.D.
1.3 STREET ADDRESS 201 NW 82nd Ave #406
1.4 CITY-ST-ZIP Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE (VP)
2.2 NAME Vinod Patel, M.D.
2.3 STREET ADDRESS 201 NW 82nd Ave #406
2.4 CITY-ST-ZIP Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE (D)
3.2 NAME Alan D. Pierce, M.D. (S.D.)
3.3 STREET ADDRESS 201 NW 82nd Ave #406
3.4 CITY-ST-ZIP Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE (D)
4.2 NAME Rubinov, Jane, RRT
4.3 STREET ADDRESS 201 NW 82nd Ave #406
4.4 CITY-ST-ZIP Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE (D)
5.2 NAME Diehl, Marsha
5.3 STREET ADDRESS 201 NW 82nd Ave #406
5.4 CITY-ST-ZIP Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

CR2E034 (10/97)