

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000088516

1. Corporation Name
RESPIRATORY OUTREACH, INC.

Principal Place of Business

10201 Widgeon Way
New Port Richey, Fl.
34654

Mailing Address

10201 Widgeon Way
New Port Richey, Fl.
34654

2. Principal Place of Business

2a. Mailing Address

21 10201 Widgeon Way

26 10201 Widgeon Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 New Port Richey, Fl.

28 New Port Richey, Fl.

Zip

Zip

Country

Country

24 34654

25 USA

29 34654

30 USA

9. Name and Address of Current Registered Agent

Khowsais, Barbara J.
10201 Widgeon Way
New Port Richey, Fl. 34654

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	Khowsais, Barbara J.	10201 Widgeon Way	New Port Richey, Fl. 34654	<input type="checkbox"/>
D	Khowsais, Zackaria A.	10201 Widgeon Way	New Port Richey, Fl. 34654	<input type="checkbox"/>
D	Hoffman, Karen	3401 Lakeview Dr. #206	Tampa, Fl. 33618	<input checked="" type="checkbox"/>
D	Miller, Linda	9310 Sacramento Dr.	New Port Richey, Fl. 34655	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE: Barbara J. Khowsais
BARBARA J. KHOWSAIS

PRESIDENT

Date

Daytime Phone #

CR2E034 (11/98)