

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000088516

FILED  
Mar 19, 2002 8:00 AM  
Secretary of State

Entity Name: RESPIRATORY OUTREACH, INC.

## Current Principal Place of Business:

10201 WIDGEON WAY  
NEW PORT RICHEY, FL 34654

## New Principal Place of Business:

## Current Mailing Address:

10201 WIDGEON WAY  
NEW PORT RICHEY, FL 34654

## New Mailing Address:

FEI Number: 59-3536790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KHOWAIS, BARBARA J  
10201 WIDGEON WAY  
NEW PORT RICHEY, FL 34654 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KHOWAIS, BARBARA J  
Address: 10201 WIDGEON WAY  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete  
Name: KHOWAIS, ZACKARIA A  
Address: 10201 WIDGEON WAY  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete  
Name: MILLER, LINDA  
Address: 9310 SACRAMENTO DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: MAXWELL, DIANNA  
Address: 7560 SPRINGHILL DR  
City-St-Zip: SPRING HILL, FL 34606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZACK KHOWAIS

D

03/19/2002

Electronic Signature of Signing Officer or Director

Date