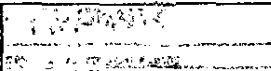


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90037 026 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90130875

DOCUMENT # P98000088516			
1. Entity 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		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 58-3538780		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHOWAIS, BARBARA J 10201 WIDGEON WAY NEW PORT RICHEY, FL 34654		7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature must be printed name of registered agent and UBR 7 April 2003.		NOTE: If the Agent is not a resident of the state, the agent must be a resident of the state.	
			
9. Election Campaign Financing ☐		\$5.00 May Be Added to Fee	
Trust Fund Contribution ☐		Added to Fee	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
10.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		11.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D KHOWAIS, BARBARA J 10201 WIDGEON WAY NEW PORT RICHEY, FL 34654		☐ Change ☐ Addition	
D KHOWAIS, ZACHARIA A 10201 WIDGEON WAY NEW PORT RICHEY, FL 34654		☐ Change ☐ Addition	
D MILLER, LINDA 8310 SACRAMENTO DR. NEW PORT RICHEY, FL 34654		☐ Change ☐ Addition	
D MAXWELL, DIANNA 7680 SPRINGHILL DR SPRING HILL, FL 34606		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
12. 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 furnished on this report of 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowered.			
SIGNATURE: 		DATE: 4/30/03 727-815-8057	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
ZACHARIA A. KHOWAIS		4/30/03	

OFFICER (TOWNS)