Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90074 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000089194

1. Corporation Name

EZR RREATHING RESPIRATORY SERVICES INC.

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Principal Place	e of Business	Maili	ling Address				1 (49)(89) (49 (8)6) (9)(1 94)(1 44	I() 68 ()) 6 6(6)	imita sătas mars	. (4)() \$141 (64)
2991 NW 210TH TERR 2991 NW 210TH TERR CAROL CITY FL 33056 CAROL CITY FL 33056							DO NOT WRI	TE IN THIS	SDACE	
							3. Date Incorporated or Qualifed	1E IN ITIO	SPACE	
	·						10/19/1998			
2. Principal P	Place of Business	2a. N	Mailing Address				4. FEI Number		. ——	pplied For
21	· · · · · · · · · · · · · · · · · · ·	26					65-0869269			ot Applicable
Suite, Apt.	#, etc. ·	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		*	Additional equired
City & Stat	té		City & State		_		6. Election Campaign Financing		\$5.00	May Be
23		28	_				Trust Fund Contribution		Added	to Fees
Zip	Country		Zip	Count	iry		8. This corporation owes the curr	ent year Int		
24	25	29		30			Personal Property Tax.		XYes_	□No
	9. Name and Address of Currer	nt Registe	ered Agent				10. Name and Address of New I	Registered	Agent	
BRY	ANT, LIONEL J JR					Name				
2991	1 NW 210TH TERR				L	Street Addres	ss (P.O. Box Number is Not Accept	able) 		
CAH	OL CITY FL 33056			8	33				· ,	
				8	34	City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida	i. Such change was ai	ithonzed t	TV II	named corpor he corporation	ration submits this statement for the 's board of directors. I hereby acce	purpose of pt the appo	changing its	s registered egistered
SIGNATURE								DATE		
	Signature, typed or printed name of registered age	ont and title if a	applicable. (NOTE:	Registered A		signature required v		DATE CICEDS AN	ID DIRECTO	ORS IN 12
12.	Signature, typed or printed name of registered age OFFICERS AN	ont and title if a	applicable. (NOTE:	Registered A	gent s	signature required v	when reinstating) ADDITIONS/CHANGES TO OF			
12.	Signature, typed or printed name of registered age OFFICERS AN President	ent and title if a	applicable. (NOTE:	Registered A	gent s	signature required v			ND DIRECTO	ORS IN 12
12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN President Bryant, Lionel J	ent and title if a	applicable. (NOTE:	13. 1.1 TITLI	gent s					
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLionel J. Bryant, Jr.

954-284-0109 ;