

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90057 048 ***150.00

DOCUMENT # P98000096020

1. Entity Name

QUALITY RESPIRATORY CARE, INC.

Principal Place of Business

Mailing Address

15121 SOUTHWEST 159TH STREET
 MIAMI FL 33187

15121 SOUTHWEST 159TH STREET
 MIAMI FL 33187-6601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0876229

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

948209



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	MARAGH, HEMWATTIE	
STREET ADDRESS	15121 SOUTHWEST 159TH STREET	
CITY - ST - ZIP	MIAMI FL 33187	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MARAGH, RAMAESH	
STREET ADDRESS	15121 SOUTHWEST 159TH STREET	
CITY - ST - ZIP	MIAMI FL 33187	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ORLHAC, NICOLAS	
STREET ADDRESS	15121 SOUTHWEST 159TH STREET	
CITY - ST - ZIP	MIAMI FL 33187	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LANNELLI, CANDIDA	
STREET ADDRESS	15121 SOUTHWEST 159TH STREET	
CITY - ST - ZIP	MIAMI FL 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

(305) 257-5062

Daytime Phone #

CR05024 10/00