

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90251 016 ***150.00

DOCUMENT # P98000096020
 1. Entity Name
QUALITY RESPIRATORY CARE, INC.

Principal Place of Business Mailing Address
15121 S.W 159 STREET MIAMI, FL. 33187 **15121 S.W 159 STREET MIAMI, FL. 33187**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0876229** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL. 33134 U.S.

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	P/S/D	<input type="checkbox"/> Delete
NAME	HEMWATTIE MARAGH	
STREET ADDRESS	15121 S.W 159 STREET	
CITY-ST-ZIP	MIAMI, FL. 33187	
TITLE	UTTD	<input type="checkbox"/> Delete
NAME	RAMAESH MARAGH	
STREET ADDRESS	15121 S.W 159 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Hemwattie Maragh** **HEMWATTIE MARAGH** **4/23/01** **(305) 251-5062**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)