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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S36778

1. Corporation Name
SOUTHERN RESPIRATORY SERVICES, INC.

Principal Place of Business
2591 STATE RD. 7
HOLLYWOOD FL 33023
US

Mailing Address
2591 S. STATE RD. 7
HOLLYWOOD FL 33023
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1991

FEI Number

59-3065077

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

Zip

29

3r

9. Name and Address of Current Registered Agent

HELFAN, STEVEN B.
10799 NASHVILLE DR
COOPER CITY FL 33027

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **HELFARY, STEVEN**
STREET ADDRESS **10799 NASHVILLE DR**
CITY-ST-ZIP **COOPER CITY FL**

TITLE ☐ DELETE

NAME **HELFAN, MARJORIE**
STREET ADDRESS **10799 NASHVILLE DR**
CITY-ST-ZIP **COOPER CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.5 TITLE

3.6 NAME

3.7 STREET ADDRESS

3.8 CITY-ST-ZIP

3.9 TITLE

3.10 NAME

3.11 STREET ADDRESS

3.12 CITY-ST-ZIP

3.13 TITLE

3.14 NAME

3.15 STREET ADDRESS

3.16 CITY-ST-ZIP

3.17 TITLE

3.18 NAME

3.19 STREET ADDRESS

3.20 CITY-ST-ZIP

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.

SIGNATURE:

MARJORIE HELFAN SEC 12/2/99 954-966-6730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)