

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S36778**

1. Entity Name

SOUTHERN RESPIRATORY SERVICES, INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90050 009 ***150.00

Principal Place of Business 2591 STATE RD. 7 HOLLYWOOD FL 33023 US	Mailing Address 2591 S. STATE RD. 7 HOLLYWOOD FL 33023-4170 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3065077** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****HELFAN, STEVEN B.**
10799 NASHVILLE DR
COOPER CITY FL 33027**7. Name and Address of New Registered Agent**Name
Street Address (P.O. Box Number is Not Acceptable)
4024 N. OCEAN DR
City **HTXWD** FL Zip Code **33019**

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	P HELFARY, STEVEN 4024 N. OCEAN DR HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HELFAN STEVEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELFAN, MARJORIE 4024 N. OCEAN DR HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *Marjorie Helfan*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARJORIE HELFAN
SECY

Date

Daytime Phone #

1/20/00 954-966-67