


2004
**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90299 037 ***150.00

DOCUMENT # S36778

1. Entity 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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
4024 N OCEAN DR
 Suite, Apt. #, etc.

City & State
FL FL

City & State
FL FL

Zip
33019

Country
FLORIDA

Zip
33019

Country
FLORIDA

6. Name and Address of Current Registered Agent

HELFAN, STEVEN B.
4024 N OCEAN DR
HOLLYWOOD FL 33019

4. FEI Number **59-3065077**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **ROBERT J. HAFNER**
 Street Address (P.O. Box Number is Not Acceptable)
20401 SW 2nd ST

City **PEMBROKE PINES** FL Zip Code **33332**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Steven B. Helfan* Pres DATE **4/28/04**
 Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003, fee will be \$550.00
 Fee Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELFAN, STEVEN 4024 N. OCEAN DR HOLLYWOOD FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDREW HELFAN 4024 N OCEAN DR FLYND FLA 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELFAN, MARJORIE 4024 N. OCEAN DR HOLLYWOOD FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALICIA HELFAN 4024 N OCEAN DR FLYND FLA 33019
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Steven B. Helfan* DATE **4/28/04** 954-966-6730

CR2F034 (10/02)