

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90318 010 ***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

4024 N. OCEAN DR.
HOLLYWOOD, FL 33019 US

14000441



DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

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

~~HAFNER, ROBERT J~~
~~20401 SW 52ND ST.~~
~~DEERBROKE PINES, FL 33332~~

MARJORIE HELFAN
4024 N OCEAN DR
HLYWOOD FLA 33019

**DO NOT WRITE
IN THIS SPACE**

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

Marjorie Helfan

(NOTE: Registered Agent signature required when reinstating)

MARJORIE HELFAN

DATE

4/21/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HELFAN, ANDREW
STREET ADDRESS 4024 N. OCEAN DR
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE S
NAME HELFAN, ALICIA
STREET ADDRESS 4024 N. OCEAN DR
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Helfan Pres

ANDREW HELFAN
PRES

Date

4/21/05 904-966-6730

Daytime Phone #