FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **S54111** **(7)**

1. Corporation Name
METRO RESPIRATORY HOME CARE, INC.

Principal Place of Business
9835 SUNSET DR
STE 102
MIAMI FL 33173
US

Mailing Address
9835 SUNSET DR
STE 102
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 05/20/1991
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0264037 — Applied For / Not Applicable
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 has filed to be eligible for under S. 199.032 Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
RODRIGUEZ, ARTURO N
8865 SW 76 TERR
MIAMI FL 33173

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 607.0505 and 607.0508, 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, ARTURO N.
STREET ADDRESS	8865 SW 76 TERR
CITY ST ZIP	MIAMI FL
TITLE	V
NAME	SOTO, ALEJANDRO
STREET ADDRESS	9835 SUNSET DR #102
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
5. TITLE	[ ] Change [ ] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY ST ZIP	
9. TITLE	[ ] Change [ ] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY ST ZIP	
13. TITLE	[ ] Change [ ] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY ST ZIP	
17. TITLE	[ ] Change [ ] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY ST ZIP	
21. TITLE	[ ] Change [ ] Addition
22. NAME	
23. STREET ADDRESS	
24. CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and complete 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or is listed on an attachment with an address.

SIGNATURE: ARTURO N. RODRIGUEZ 6/1/95 279-9079
SIGNATURE OF OFFICER OR DIRECTOR — PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0187509 CF