FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 05/20/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
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 liability for intangible tax under s. 199.032, Florida Statutes ☐ 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 607.1508, 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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	Delete
P	RODRIGUEZ, ARTURO N.	8865 SW 76 TERR	MIAMI FL	☐
V	SOTO, ALEJANDRO	9835 SUNSET DR #102	MIAMI FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Title	1. Name	1. Street Address	1. City, St, Zip	☐ Change ☐ Addition
2. Title	2. Name	2. Street Address	2. City, St, Zip	☐ Change ☐ Addition
3. Title	3. Name	3. Street Address	3. City, St, Zip	☐ Change ☐ Addition
4. Title	4. Name	4. Street Address	4. City, St, Zip	☐ Change ☐ Addition
5. Title	5. Name	5. Street Address	5. City, St, Zip	☐ Change ☐ Addition
6. Title	6. Name	6. Street Address	6. City, St, Zip	☐ Change ☐ Addition

14. I do 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)(n), 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 any attachment with an address.

SIGNATURE: ARTURO N. RODRIGUEZ 2/7/96 (305) 279-9079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)