## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S61576

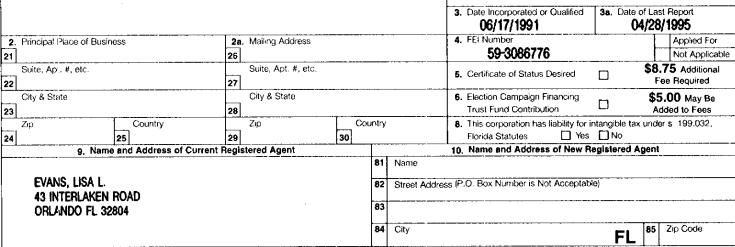
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LIFEAIRE MEDICAL, INC.

Principal Place of Business Mailing Address

43 INTERLAKEN ROAD ORLANDO FL 32804

43 INTERLAKEN ROAD ORLANDO FL 32804



1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change 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, typed or printeo name of registered agent and title if apolicable OFFICERS AND DIRECTORS	(NOTE: Registered Agent signature requirement 13.	red when reinstating:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. IIILE	PST DELE		Change Addition
	EVANS, LISA L.	1 2 NAME	
AME	43 INTERLAKEN ROAD	1 3 STREET ADDRESS	
TREET ADDRESS			
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AME	EVANS, LISA L.	2.2 NAME	
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ITLE	☐ DELI	ETE 6 1 TITLE	Change Addition
IAME		6.2 NAME	
TREET ADDRESS		6 3 STREET ADDRESS	
CHTY-ST-ZIP		6.4 CITY - ST - ZIP	

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)(k), 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

SIGNATURE:

4-11-96 401-213-2259