

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76540

1. Entity Name

TLC RESPIRATORY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90154 045 ***150.00

Principal Place of Business

Mailing Address

~~13790C SW 56 ST~~
~~MIAMI FL 33175~~

1908 N.W. 168 AVE
PEMBROKE PINES FL 33028-2022

2. Principal Place of Business

1908 N.W. 168 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

4. FEI Number

65-0285097

Applied For

Not Applicable

Zip

Country

33028 USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAO, YAMILET

~~4921 SW 142 PL~~

~~MIAMI FL 33175-5025~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1908 N.W. 168 AVE

City

PEMBROKE PINES

FL

Zip Code

33028

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CHAO, YAMILET
STREET ADDRESS ~~4921 SW 142 PL~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ☒ Change ☐ Addition
NAME 1908 N.W. 168 AVENUE
STREET ADDRESS PEMBROKE PINES, FL 33028
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CHAO, ANTHONY
STREET ADDRESS ~~4921 SW 142 PL~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ☒ Change ☐ Addition
NAME 1908 N.W. 168 AVENUE
STREET ADDRESS PEMBROKE PINES, FL 33028
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MATO, PEDRO
STREET ADDRESS 850 W 37 ST
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

Date

Daytime Phone #

3/22/2000 954-430-3237

CR2E034 (9/99)