

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Mar 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S90591 (6)

1. Corporation Name
CARING RESPIRATORY SERVICES, INC.



Principal Place of Business Mailing Address
7331 CORAL WAY #265 MIAMI FL 33155 **7331 CORAL WAY #265 MIAMI FL 33155-1471**

3. Date Incorporated or Qualified **10/28/1991** 3a. Date of Last Report **11/13/1996**

21	2. Principal Place of Business 313-317 Minorca Ave. Suite, Apt #, etc.	2a. Mailing Address 313-317 Minorca Ave. Suite, Apt #, etc.	22	22	27	23	23	24	24	25	25	29	29	30	30	4. FEI Number 65-0295342	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	City & State Coral Gables, FL.	City & State Coral Gables, FL.	City & State Coral Gables, FL.	City & State Coral Gables, FL.	City & State Coral Gables, FL.	City & State Coral Gables, FL.	City & State Coral Gables, FL.	Zip 33134	Zip 33134	Country U.S.	Country U.S.	Zip 33134	Zip 33134	Country U.S.	Country U.S.					

9. Name and Address of Current Registered Agent

**PEREZ-ARYAN, ELIA
1237 FERDINAND
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81	Name Perez-Aryan, Elia
82	Street Address (P.O. Box Number is Not Acceptable) 1237 Ferdinand Street
83	
84	City Coral Gables, FL
85	Zip Code 33134

11. Pursuant to the provisions of Sections 607.0532 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: *Elia Aryan* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-ARYAN, ELIA	1.2 NAME	
STREET ADDRESS	1237 FERDINAND	1.3 STREET ADDRESS	1237 Ferdinand Street
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Coral Gables, FL. 33134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 an attachment with an address.

SIGNATURE: *Elia Aryan* 3/22/97 (305) 445-5899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)