

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

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V14953** (6)
1. Corporation Name
D & G RESPIRATORY, INC.

Principal Place of Business 13295 MOONSTONE TERRACE WEST PALM BEACH FL 33414-7960 US	Mailing Address 13295 MOONSTONE TERRACE WEST PALM BEACH FL 33414-7960
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2. Principal Place of Business 13295 MOONSTONE TERRACE WEST PALM BEACH FL 33414-7960 US	2a. Mailing Address 13295 MOONSTONE TERRACE WEST PALM BEACH FL 33414-7960	3. Date Incorporated or Qualified 02/18/1992	3a. Date of Last Report 05/01/1996
21. Principal Place of Business 13295 MOONSTONE TERRACE WEST PALM BEACH FL 33414-7960	2a. Mailing Address 13295 MOONSTONE TERRACE WEST PALM BEACH FL 33414-7960	4. FEI Number 65-0344978	Applied For <input type="checkbox"/> Not Applicable
22. City & State NAPLES, FL	27. City & State NAPLES, FL	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
23. Zip 34102	28. Zip 34102	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FITZPATRICK, KEVIN T 13295 MOONSTONE TERRACE WEST PALM BEACH FL 33414	10. Name and Address of New Registered Agent 745 12th Ave. S. Ste. C Naples, FL 34102
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11. Pursuant to the provisions of Sections 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUESS, HERTA, G.	1.2 NAME	NO LONGER AN
STREET ADDRESS	14529 LARKSPUR LANE	1.3 STREET ADDRESS	OFFICER OF CORP.
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D. KEVIN T. FITZPATRICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, KEVIN T.	2.2 NAME	745 12th Ave. S. Ste. C
STREET ADDRESS	13295 MOONSTONE TERRACE	2.3 STREET ADDRESS	Naples, FL 34102
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D. PATRICIA J. FITZPATRICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, PATRICIA	3.2 NAME	745 12th Ave. S. Ste. C
STREET ADDRESS	13295 MOONSTONE TERRACE	3.3 STREET ADDRESS	Naples, FL 34102
CITY-ST-ZIP	WEST PALM BEACH FL	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: **PATRICIA J. FITZPATRICK** *Patricia J. Fitzpatrick* Date: **4/1/97** (941) 435-3286

CR2E034 (9/96)