

DOCUMENT # V14953

1. Entity Name

D &amp; G RESPIRATORY, INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90043 038 \*\*\*550.00

Principal Place of Business

AMERICA DIABETIC SUPP. GAP  
 745 12TH AVE SO SUITE C  
 NAPLES FL 34102  
 US

Mailing Address

AMERICA DIABETIC SUPP. GAP  
 745 12TH AVE SO SUITE C  
 NAPLES FL 34102  
 US

2. Principal Place of Business

AMERICAN DIABETIC SUPPORT GROUP

3. Mailing Address

AMERICAN DIABETIC SUPPORT GROUP

Suite, Apt. #, etc.

4627 ARNOLD AVE. #4

Suite, Apt. #, etc.

4627 ARNOLD AVE. #4

City &amp; State

NAPLES FL 34104

City &amp; State

NAPLES FLORIDA

Zip

34104

Country

US

Zip

34104

Country

US

4. FEI Number

65-0344978

Applied For

Not Applicable

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

Name JONATHAN FITZPATRICK

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

4627 ARNOLD AVE. #4

City

NAPLES

FL

Zip Code

34104

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FITZPATRICK, JONATHAN	4627 ARNOLD AVE. #4	NAPLES FL 34104						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FITZPATRICK, PATRICIA J	4627 ARNOLD AVE. #4	NAPLES FL 34104						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

7/20/00

Date

Daytime Phone #

941-435-3286