FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64355** **(3)**

1. Corporation Name
ELITE RESPIRATORY CARE, INC.

Principal Place of Business	Mailing Address
7293 NW 12TH STREET MIAMI FL 33126 US	3514 ESTEPONA AVE #22-S-1 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1992
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 4544 SW 71 Ave.	26 4544 SW 71 Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl	City & State 28 Miami, Fl.
Zip 24 33155 Country 25 USA	Zip 29 33155 Country 30 USA

4. FEI Number: 65-0356028 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NORIEGA, MARIA V. 3514 ESTEPONA AVE #22-S-1 MIAMI FL 33172	81 Name: MARIA D. LAVIN 82 Street Address (P.O. Box Number is Not Acceptable): 3661 NW 17 Street 83 84 City: Miami. FL 85 Zip Code: 33125

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: Maria Lavin — Maria D. Lavin — 4/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE	DPT (Resigned)	XX Change ☐ Addition
NAME	NORIEGA, MARIA V.	1.2 NAME	Noriega, Maria V.	
STREET ADDRESS	3514 ESTEPONA AVE #22 S1	1.3 STREET ADDRESS	3514 Estepona Ave. 22-S1	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl. 33172	
TITLE	SV	2.1 TITLE	SV	☐ Change ☐ Addition
NAME	GONZALEZ, ORLANDO	2.2 NAME	Gonzalez, Orlando	
STREET ADDRESS	320 SW 23RD RD.	2.3 STREET ADDRESS	320 SW 23rd Rd	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl.	
TITLE	DPT	3.1 TITLE	DPT	☐ Change ☐ Addition
NAME	Lavin, Maria D.	3.2 NAME	Lavin, Maria D.	
STREET ADDRESS	3661 NW 17 Street	3.3 STREET ADDRESS	3661 NW 17 Street	
CITY-ST-ZIP	Miami, Fl. 33125	3.4 CITY-ST-ZIP	Miami, Fl. 33125	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Maria Lavin — 4/22/95 — 305-591-8515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Maria D. Lavin

0184484 CP