FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 28, 2002 8:00 am **DOCUMENT #** Secrétary of State L67925 1. Entity Name 07-28-2002 90201 037 ***150.00 CARDIO-PULMONARY WELLNESS, INC. Principal Place of Business Mailing Address 2020 NW 3RD AVE 2020 NW 34TH AVE COCONUT CREEK FL 33066 COCONUT CREEK FL 33066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0188598 Zip Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 2020 NW 34TH AVE **COCONUT CREEK FL 33066** City Zip Code 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete NAME Change ☐ Addition MARTIN, PATRICIA NAME STREET ADDRESS 2020 NW 34TH AVE STREET ADDRESS CITY-ST-ZIP **COCONUT CREEK FL** CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change NAME ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change NAME ☐ 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

MANAGER AND COLLEGE

☐ Delete

7-20-02

9543286535

☐ Change

☐ Addition

7-24-01

Caidiopielmonary Willnes, me 2020 NW 34th avenue Coronut Ciell, FC 33066

To Whom It May Concein:

Please accept my cupaate retiem and a cheld for \$150.00. I called your facility yesterday and lyplained to the gentleman mat I never received the regimal papers and wondered y anything could be done. I have never been late in the many years of incapaatorin.

He advised me to send a letter paying the same week a creek

paying the same with a exect for 150,00, If there is any problem with this, please centact me.

Mank you in advance patricis martin