

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# L67925

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** CARDIO-PULMONARY WELLNESS, INC.

**Current Principal Place of Business:**

951 NW 13TH STREET  
3 D  
BOCA RATON, FL 33486

**New Principal Place of Business:**

11286 NW 69TH PLACE  
PARKLAND, FL 33076

**Current Mailing Address:**

11286 NW 69TH PLACE  
PARKLAND, FL 33076 US

**New Mailing Address:**

11286 NW 69TH PLACE  
PARKLAND, FL 33076

**FEI Number:** 65-0188598      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATRICIA MARTIN  
11286 NW 69TH PLACE  
PARKLAND, FL 33076 US

**Name and Address of New Registered Agent:**

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: PATRICIA MARTIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: RA  
Name: MARTIN, PATRICIA  
Address: 11286 NW 69TH PLACE  
City-St-Zip: PARKLAND, FL 33076

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA MARTIN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

RA

02/09/2010

\_\_\_\_\_  
Date