

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L67925

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

**Current Principal Place of Business:**

11286 NW 69TH PLACE  
PARKLAND, FL 33076

**Current Mailing Address:**

11286 NW 69TH PLACE  
PARKLAND, FL 33076

**FEI Number:** 65-0188598

**Certificate of Status Desired:** No

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

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

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title RA  
Name MARTIN, PATRICIA  
Address 11286 NW 69TH PLACE  
City-State-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

RA

03/30/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date