

2014 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

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date