

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY -1 AM 3:17

DOCUMENT # H06864

(3)

1. Corporation Name

PULMONICS OF FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**8184 WOODLAND CENTER BLVD
TAMPA FL 33614**

**8184 WOODLAND CENTER BLVD
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1984

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2416954

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

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

25

Zip

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABELLANA, MAX G.
8184 WOODLAND CENTER BLVD
TAMPA FL 33614**

81 Name

82 Street Address (P.O. Box Number is Not Acceptation)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0801 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 Sections 607.0801, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME PTD ABELLANA, MAX G. 8184 WOODWARD CNTR BLVD TAMPA FL	12.2 NAME	12.3 NAME	12.4 NAME	12.5 NAME	12.6 NAME	12.7 NAME	12.8 NAME	12.9 NAME	12.10 NAME	12.11 NAME	12.12 NAME	12.13 NAME	12.14 NAME	12.15 NAME	12.16 NAME	12.17 NAME	12.18 NAME	12.19 NAME	12.20 NAME
12.1 STREET ADDRESS	12.2 STREET ADDRESS	12.3 STREET ADDRESS	12.4 STREET ADDRESS	12.5 STREET ADDRESS	12.6 STREET ADDRESS	12.7 STREET ADDRESS	12.8 STREET ADDRESS	12.9 STREET ADDRESS	12.10 STREET ADDRESS	12.11 STREET ADDRESS	12.12 STREET ADDRESS	12.13 STREET ADDRESS	12.14 STREET ADDRESS	12.15 STREET ADDRESS	12.16 STREET ADDRESS	12.17 STREET ADDRESS	12.18 STREET ADDRESS	12.19 STREET ADDRESS	12.20 STREET ADDRESS
12.1 CITY, ST, ZIP	12.2 CITY, ST, ZIP	12.3 CITY, ST, ZIP	12.4 CITY, ST, ZIP	12.5 CITY, ST, ZIP	12.6 CITY, ST, ZIP	12.7 CITY, ST, ZIP	12.8 CITY, ST, ZIP	12.9 CITY, ST, ZIP	12.10 CITY, ST, ZIP	12.11 CITY, ST, ZIP	12.12 CITY, ST, ZIP	12.13 CITY, ST, ZIP	12.14 CITY, ST, ZIP	12.15 CITY, ST, ZIP	12.16 CITY, ST, ZIP	12.17 CITY, ST, ZIP	12.18 CITY, ST, ZIP	12.19 CITY, ST, ZIP	12.20 CITY, ST, ZIP

13.1 NAME ☒ Change ☐ Addition	13.2 NAME	13.3 NAME	13.4 NAME	13.5 NAME	13.6 NAME	13.7 NAME	13.8 NAME	13.9 NAME	13.10 NAME	13.11 NAME	13.12 NAME	13.13 NAME	13.14 NAME	13.15 NAME	13.16 NAME	13.17 NAME	13.18 NAME	13.19 NAME	13.20 NAME
13.1 STREET ADDRESS	13.2 STREET ADDRESS	13.3 STREET ADDRESS	13.4 STREET ADDRESS	13.5 STREET ADDRESS	13.6 STREET ADDRESS	13.7 STREET ADDRESS	13.8 STREET ADDRESS	13.9 STREET ADDRESS	13.10 STREET ADDRESS	13.11 STREET ADDRESS	13.12 STREET ADDRESS	13.13 STREET ADDRESS	13.14 STREET ADDRESS	13.15 STREET ADDRESS	13.16 STREET ADDRESS	13.17 STREET ADDRESS	13.18 STREET ADDRESS	13.19 STREET ADDRESS	13.20 STREET ADDRESS
13.1 CITY, ST, ZIP	13.2 CITY, ST, ZIP	13.3 CITY, ST, ZIP	13.4 CITY, ST, ZIP	13.5 CITY, ST, ZIP	13.6 CITY, ST, ZIP	13.7 CITY, ST, ZIP	13.8 CITY, ST, ZIP	13.9 CITY, ST, ZIP	13.10 CITY, ST, ZIP	13.11 CITY, ST, ZIP	13.12 CITY, ST, ZIP	13.13 CITY, ST, ZIP	13.14 CITY, ST, ZIP	13.15 CITY, ST, ZIP	13.16 CITY, ST, ZIP	13.17 CITY, ST, ZIP	13.18 CITY, ST, ZIP	13.19 CITY, ST, ZIP	13.20 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am equally liable for the information stated in Sections 607.0801, Florida Statutes. I further certify that the information is included on this annual report or supplemental annual report as true and correct and that my signature shall locate the same report either as a member or officer of the corporation or as a director of the corporation or as a person who is authorized to execute the report as required by Sections 607.0801, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yes

5/1/95 873 884-8768