


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H06864</b> 1. Entity Name PULMONICS OF FLORIDA, INC.	
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Principal Place of Business 1419 W WATERS AVENUE SUITE 120 TAMPA, FL 33604 US	Mailing Address 1419 W WATERS AVENUE SUITE 120 TAMPA, FL 33604 US
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07152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2416954	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

ABELLANA, MAX G.  
1419 W. WATERS AVE  
STE 120  
TAMPA, FL 33604

**DO NOT WRITE  
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ABELLANA, MAX G. 1419 W. WATERS AVE, STE 120 TAMPA, FL 33604
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001000167164  
07/19/04-60013-020 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Max G. Abellana Jr. 7/15/04 (813) 931-8118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone