SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 AM 9:20

DOCUMENT # **K88546** **(2)**

1. Corporation Name
CARDIOPULMONARY CARE, INC.

Principal Place of Business	Mailing Address
4727 S.W 74TH AVE MIAMI FL 33155	4727 S.W 74TH AVE MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/16/1989**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: **65-0139102** ☐ 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 solely for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANZA, RAMON I III
4727 S.W. 74TH AVE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	LANZA, III R	12 NAME	Ray I. Lanza III	
STREET ADDRESS	8900 SW 69 STREET	13 STREET ADDRESS	9278 SW 146th ct.	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33186	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	BARRIO, DIANE M.	22 NAME	Diane M. Barrio	
STREET ADDRESS	12201 S.W. 1ST STREET	23 STREET ADDRESS	9440 SW 100st.	
CITY-ST-ZIP	MAIMI FL	24 CITY-ST-ZIP	Miami, FL. 33176	
TITLE	VPD	31 TITLE		☐ Change ☐ Addition
NAME	KRAINSON JAMES P.	32 NAME		
STREET ADDRESS	6131 S.W. 104TH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	STD	41 TITLE		☐ Change ☐ Addition
NAME	MEZEY, ROBERT J.	42 NAME		
STREET ADDRESS	5740 S.W. 99TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	BARRIO, JUAN	52 NAME	Juan Barrio	
STREET ADDRESS	12201 S.W. 1 STREET	53 STREET ADDRESS	9440 SW 100th ST.	
CITY-ST-ZIP	MAIMI FL	54 CITY-ST-ZIP	Miami, FL 33176	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ramon I Lanza III **Ramón I. Lanza III** 6/19/95 (305) 262-0684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051181 CP