

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002**

DOCUMENT #

P01000083998

1. Entity Name

TOTAL LUNG CARE, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

3400 ORANOLE RD

3. Mailing Address

3400 ORANOLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32810

Country

USA

Zip

32810

Country

USA

4. FEI Number

59-3738811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHNSON, LOUIS JR

Street Address (P.O. Box Number is Not Acceptable)

3400 ORANOLE RD

City

ORLANDO

FL

Zip Code

32810

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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.

SIGNATURE

Signature, typed or printed name of registered agent and role if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

300008726863

10/31/02--01047--018 **150.00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME PSTD
STREET ADDRESS
CITY-ST-ZIP
JOHNSON, LOUIS
3400 ORANOLE RD
ORLANDO, FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE: *Louis Johnson Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

October 28, 2002

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE, FL 32314-6327

To Whom It May Concern:

RE: TOTAL LUNG CARE
59-3738811

PREVIOUS NOTICES WERE NEVER RECEIVED. PLEASE EXCEPT THIS UBR
REPORT AND THE \$150.00 CHECK ENCLOSED.

SINCERELY,

A handwritten signature in cursive script, appearing to read "Louis Johnson Jr.", is written over the typed name and title.

LOUIS JOHNSON
PRESIDENT/DIRECTOR
TOTAL LUNG CARE, INC