

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045660 (6)

1. Corporation Name

PULMO & REHAB INC.

Principal Place of Business

Mailing Address

**8870 NW 196TH ST.
MIAMI FL 33015
US**

**8870 NW 196TH ST.
MIAMI FL 33015
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1993

3a. Date of Last Report

08/08/1994

4. FEI Number

65-0419068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CIGLER, LEONARDO I

8870 NW 196TH ST.

MIAMI FL 33015

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10. Name and Address of New Registered Agent

81 Name

SIXTO HERNANDEZ

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

83

8870 NW 196TH ST

84 City

MIAMI

FL

85 Zip Code
33015

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 provisions of, Section 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4-13-95

12. OFFICERS AND DIRECTORS

TITLE **DPS**
NAME **CIGLER, LEONARDO I**
STREET ADDRESS **8870 N.W. 196TH STREET**
CITY - ST - ZIP **MIAMI FL 33015**

TITLE **VP**
NAME **HERNANDEZ, SIXTO**
STREET ADDRESS **8870 N.W. 196TH STREET**
CITY - ST - ZIP **MIAMI FL 33015**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ Change ☐ Addition

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)(k), 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: **SIXTO HERNANDEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

4-13-95 305-829-0901