♣ PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088663

1. Corporation Name

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90233 041 ***150.00

PULMOCARE SERVICES, INC.					}				
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Principal Place	e of Business	Mailing Address				4 INCHINGI IIE INIII GINII ENIII NE	114 23 171 0310 1	. 8181 19115 91110	ASIAN SIII LANI
5601 COLLINS AVE. PO BOX 650642									•
#1016 MIAMI FL 33265						20 1107 1100	FC IN THE	00405	
MIAMI BEACH FL 33140						DO NOT WRI 3. Date incorporated or Qualifed	IE IN THIS	SPACE	
						12/07/1994			
5 Silveri 150		a Mailing Address			 -	4. FEI Number		IΔn	plied For
2. Principal Place of Business 21 7147 SW 8th Street 26						65-0539121			ot Applicable
21 7147 SW 8 STREE 26 Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	
22	.,	= 27		===		5 Certifcate of Status Desired			equired ====
City & State	0	City & State				6, Election Campaign Financing		\$5.00	May Be
23 MIAT		28		_		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Con	itry		8. This corporation owes the curr	ent year int		
24 33 14		29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		04 -		10. Name and Address of New F	legistered	Agent	
DEDI	ET CHAMBIECE DEDDO ID		Į	81 1	Name		**		
PEREZ-CHAMBLESS, PEDRO JR 5601 COLLINS AVE.				82 5	Street Address (P.O. Box Number is Not Acceptable)				
#10°			l	-					
	AI BEACH FL 33140			83					}
HANCE	M DEAGN TE SOTTO			84 (City		FL	85 Zip	Code
	·					anti-			registered
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was a	utnonzea	DV INE	e corporation	n's board of directors. I hereby accep	t the appoi	ntment as re	gistered
agent, I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Stati	ites.					}
									i
SIGNATURE		Colored to the state of the sta			onatura required	when reinstation)	DATE	<u>:</u>	
	Signature, typed or printed name of registered agent		Registered		gnature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIRECTO	 DRS IN 12
12.	OFFICERS AND			Agent sig	gnature required	when reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	DRS IN 12
	OFFICERS AND	D DIRECTORS	: Registered	Agent sk	gnature required				
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR I INTED NAME OF SIGNING OFFICER OR DIRECTOR PEREZ-