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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000008949 (6)**

1. Corporation Name

**PULMO-CARE CORP.**

Principal Place of Business

**4767 E 10 LANE**
**HIALEAH FL 33013**

Mailing Address

**4767 E 10 LANE**
**HIALEAH FL 33013**

3. Date Incorporated or Qualified: **02/02/1995**

3a. Date of Last Report:

4. FEI Number: **65-0552645** ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2653 W 76 ST

22

23 HIALEAH, FL

24 33016 25 DADE

2a. Mailing Address

26 PO BOX 161801

27

28 MIAMI FL

29 33116 30 DADE

9. Name and Address of Current Registered Agent

**ORTEGA, NADINA**
**4767 E 10 LANE**
**HIALEAH FL 33013**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 2653 W 76 ST

83

84 City HIALEAH FL 85 Zip Code 33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the undersigned 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: NADINA ORTEGA Nadina Ortega 4/4/96
Signature of New Registered Agent, if changing — Date

12. OFFICERS AND DIRECTORS ☐ DELETE

| | |
|---|---|
| TITLE | P |
| NAME | ORTEGA, NADINA |
| STREET ADDRESS | 4767 E 10 LANE |
| CITY-ST-ZIP | HIALEAH FL 33013 |

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (FL)

1 TITLE ☐ Change ☐ Addition

1a NAME

1b STREET ADDRESS 2653 W 76 ST

1c CITY-ST-ZIP HIALEAH, FL 33016

2 TITLE ☐ Change ☐ Addition

2a NAME

2b STREET ADDRESS

2c CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition

3a NAME

3b STREET ADDRESS

3c CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition

4a NAME

4b STREET ADDRESS

4c CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition

5a NAME

5b STREET ADDRESS

5c CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition

6a NAME

6b STREET ADDRESS

6c CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurately entered 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 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 12 or Block 13 if changed, or added, above.

**SIGNATURE:** Nadina Ortega NADINA ORTEGA PRESIDENT 4/4/96 305-681-8130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #