

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90070 047 ***150.00

DOCUMENT # P97000045416

1. Entity Name
PULM OXY LAB. INC.

Principal Place of Business
**8600 NW SOUTH RIVER DR.
 #206
 MEDLEY FL 33166**

Mailing Address
**PO BOX 126840
 HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address
PO Box 126840

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HIALEAH FL

4. FEI Number **65-0754678**

Applied For
 Not Applicable

Zip

Country

Zip
33012

Country
FL DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDIMA, OSCAR
 8600 NW S RIVER DR STE 206
 HIALEAH FL 33014**

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DP VALDIVIA, OSCAR**
 STREET ADDRESS **8600 NW S RIVER R STE 206**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE Change Addition

TITLE Delete
 NAME **DS VALDIVIA, MIRTHA M**
 STREET ADDRESS **8600 NW S RIVER DR STE 206**
 CITY-ST-ZIP **MEDLAY FL 33166**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
 Date

305 888 5335
 Daytime Phone #

CR2E034 (10/00)