

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90237 023 ***150.00

DOCUMENT # P98000061689

1. Entity Name
CARDIOPULMONARY DIAGNOSTICS SPECIALTIES CORP.

Principal Place of Business

Mailing Address

~~7525 WEST 24 AVENUE~~
~~HIALEAH FL 33016~~

~~7525 WEST 24 AVENUE~~
~~HIALEAH FL 33016~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0852279**

Applied For
 Not Applicable

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

CASTELLANOS, JOSE
13020 SW 51 STREET
MIRAMAR FL 33027

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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **SD** ☐ Delete
 NAME **CASTELLANOS, JOSE**
 STREET ADDRESS **13020 SW 51 ST**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **CASTELLANOS, AARON**
 STREET ADDRESS **13020 SW 51 ST**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CASTELLANOS, MARIA**
 STREET ADDRESS **13020 SW 51 ST**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CASTELLANOS, JASON**
 STREET ADDRESS **13020 S.W. 51 STREET**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

Doc. # PA 8000061689

C0073578



CARDIOPULMONARY DIAGNOSTIC SPECIALTIES

JOE CASTELLANOS
RESPIRATORY CARE PRACTITIONER
2684 West 79th Street
Hialeah, FL 33016

Telephone 305-364-7604
Fax 305-364-7508

July 11, 2001

TO: Florida Department of State
Division of Corporations

From: Cardiopulmonary Diagnostics Specialties Corp.

RE: Late payment due to change of address

Please be advised that due to a change in address, we did not receive the first mailing you sent out and just received the second one. Enclosed is the payment and the new address.

If you have any questions please call me at the above number. Thanking you in advance.

Sincerely,

Maria E. Castellanos
Vice President