

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90054 022 ***150.00

DOCUMENT # P99000069222

1. Entity Name
PULMONARY CONSULTANT INC.



Principal Place of Business
14411 S.W. 52ND STREET
MIAMI FL 33175

Mailing Address
14411 S.W. 52ND STREET
MIAMI FL 33175

2. Principal Place of Business
15816 SW 43 terr
Suite, Apt. #, etc.

3. Mailing Address
15816 SW 43 terr
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State

4. FEI Number
65-0951995

Applied For
Not Applicable

Zip
33185

Country
DADE

Zip
33185

Country
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

LOPEZ, LIZZETTE
14411 S.W. 52ND STREET
MIAMI FL 33175

Name
Street Address (P.O. Box Number is Not Acceptable)
15816 SW 43 terr
City MIAMI FL Zip Code 33185

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lizzette Lopez*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-10-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LOPEZ, LIZZETTE
STREET ADDRESS 14411 S.W. 52ND STREET
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS 15816 SW 43 terr.
CITY-ST-ZIP MIAMI FL 33185 ☒ Change ☐ Addition

TITLE VD
NAME HERNANDEZ, MINERVA
STREET ADDRESS 14411 S.W. 52ND STREET
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS 15816 SW 43 terr
CITY-ST-ZIP MIAMI FL 33185 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lizzette Lopez* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-03 305-310-0539

Date

Daytime Phone #

CR2E034 (10/02)