


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90394 032 \*\*\*150.00

<b>DOCUMENT # P07000055767</b>					
<b>1. Entity Name</b> AIRMD, INC.					
<b>Principal Place of Business</b> 7700 CONGRESS AVE., NO. 1120 BOCA RATON, FL 33487			<b>Mailing Address</b> 7700 CONGRESS AVE., NO. 1120 BOCA RATON, FL 33487		
<b>2. Principal Place of Business - No P.O. Box #</b> 7700 CONGRESS AVE Suite, Apt. #, etc. 1119 City & State BOCA RATON, FL Zip 33487 Country USA		<b>3. Mailing Address</b> 7700 CONGRESS AVE Suite, Apt. #, etc. 1119 City & State BOCA RATON, FL Zip 33487 Country USA		04172008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 26-0168473				<input type="checkbox"/> Applied For... <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> BRUDNER, PHILIP 7700 CONGRESS AVE., NO. 1120 BOCA RATON, FL 33487	
<b>7. Name and Address of New Registered Agent</b> Name BRUDNER, Philip Street Address (P.O. Box Number is Not Acceptable) 7700 CONGRESS AVE., No 1119 City BOCA RATON    FL    Zip Code 33487				<b>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.</b> SIGNATURE: <i>Philip Brudner Pres</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUDNER, PHILIP 7700 CONGRESS AVE., NO. 1120 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7700 CONGRESS AVE - #1119 BOCA RATON, FL 33487		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTLER, ALAN 7700 CONGRESS AVE., NO. 1120 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7700 CONGRESS AVE - #1119 BOCA RATON, FL 33487		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> SIGNATURE: <i>Philip Brudner Pres</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					