

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000223

FILED
Apr 27, 2004
Secretary of State

Entity Name: PULMONARY SOLUTIONS, INC.

Current Principal Place of Business:

4701 CREEK ROAD
SUITE 100
CINCINNATI, OH 45242

New Principal Place of Business:

Current Mailing Address:

4701 CREEK ROAD
SUITE 100
CINCINNATI, OH 45242

New Mailing Address:

FEI Number: 31-1598626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUBITZ, CHARLES
515 N. FLAGLER DRIVE
W. PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DENNIG, JEAN
Address: 4701 CREEK ROAD, SUITE 100
City-St-Zip: CINCINNATI, OH 45242

Title: V () Delete
Name: LAAKE, MELISSA
Address: 4824 SOCIALVILLE FOSTER ROAD
City-St-Zip: MASON, OH 45040

Title: CSD () Delete
Name: COPELAND, WILLIAM M
Address: 4701 CREEK ROAD, SUITE 100
City-St-Zip: CINCINNATI, OH 45242

Title: D () Delete
Name: THOMAS, RICHARD
Address: 3022 MAGNOLIA COURT
City-St-Zip: EDGEWOOD, KY 41017

Title: D () Delete
Name: JORDAN, THOMAS L
Address: 4824 SOCIALVILLE FOSTER ROAD
City-St-Zip: MASON, OH 45040

Title: D () Delete
Name: WOODALL, HUGH S
Address: 2330 VICTORY PARKWAY
City-St-Zip: CINCINNATI, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change () Addition
Name: DENNIG, JEAN
Address: 4701 CREEK ROAD, SUITE 100
City-St-Zip: CINCINNATI, OH 45242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CSPD (X) Change () Addition
Name: COPELAND, WILLIAM M
Address: 4701 CREEK ROAD, SUITE 100
City-St-Zip: CINCINNATI, OH 45242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. COPELAND

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date

DIRECTOR STEVEN O. LEURCK
457 WEST 132ND PLACE
CROWN POINT, IN 46307