FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91013 011 ***150.00

DOCUMENT # F02000000223

1. Entity Name

PULMONARY SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

10046540

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4701 CREEK ROAD	SAME
Suite, Apt. #, etc.: SUITE 100	Suite, Apt. #, etc.
City & State: CINCINNATI, OHIO	City & State
Zip: 45242 Country	Zip Country

4. FEI Number 31-1598626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHARLES LUBITZ

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

515 N. FLAGLER DRIVE

City: W. PALM BEACH FL Zip Code: 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: CSD WILLIAM M. COPELAND, 4701 CREEK ROAD, SUITE 100, CINCINNATI, OHIO 45242	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PTD JEAN DENNIG, 4701 CREEK ROAD, SUITE 100, CINCINNATI, OHIO 45242	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: V MELISSA LAAKE, 4824 SOCIALVILLE FOSTER ROAD, MASON, OHIO 45040	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: V HUGH S. WOODALL, 2330 VICTORY PARKWAY, CINCINNATI, OHIO 45206	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: D THOMAS L. JORDAN, 4824 SOCIALVILLE FOSTER ROAD, MASON, OHIO 54040	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: D RICHARD THOMAS, 3022 MAGNOLIA COURT, EDGEWOOD, KY 41017	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. COPELAND, CHA MAR. 7, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
10046540
F02000000223

D STEPHEN O. LEURCK
457 WEST 132ND PLACE
CROWN POINT, IN 46307