

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90011 005 ***150.00

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1. Entity Name
LUNG RX, INC.



Principal Place of Business
**1077 HWY A1A
SATELLITE BEACH, FL 32937**

Mailing Address
**1110 SPRING STREET
SILVER SPRING, MD 20910**

40041030



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112008

Chg-P

CR2E034 (12/06)

4. FEI Number
52-2225205

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

**ROTHBLATT, MARTINE A
1077 HWY A1A
SATELLITE BEACH, FL 32937**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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 CP
NAME ROTHBLATT, MARTINE A
STREET ADDRESS 1077 HWY A1A
CITY-STATE-ZIP SATELLITE BEACH, FL 32937 ☐ Delete

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

TITLE VCS
NAME MAHON, PAUL A
STREET ADDRESS 1735 CONNECTICUT AVE., NW
CITY-STATE-ZIP WASHINGTON, DC 20009 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Mahon, Paul A.
CITY-STATE-ZIP 1735 Connecticut Avenue, NW
Washington, DC 20009

TITLE D
NAME FISHER, ANDREW J
STREET ADDRESS 1735 CONNECTICUT AVE., NW
CITY-STATE-ZIP WASHINGTON, DC 20009 ☐ Delete

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

TITLE T
NAME FERRARI, JOHN M
STREET ADDRESS 1110 SPRING STREET
CITY-STATE-ZIP SILVER SPRING, MD 20910 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melissa T. Silverman / *Melissa T. Silverman* 3/11/08 301-608-9272