

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000881

Entity Name: LUNG RX, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

1077 HWY A1A
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

1110 SPRING STREET
SILVER SPRING, MD 20910

New Mailing Address:

FEI Number: 52-2225205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEMS
C/O C T CORPORATON SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP () Delete
Name: ROTHBLATT, MARTINE A
Address: 1077 HWY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S () Delete
Name: MAHON, PAUL A
Address: 1738 CONNECTICUT AVENUE NW
City-St-Zip: WASHINGTON, DC 20009

Title: D () Delete
Name: FISHER, ANDREW J
Address: 1735 CONNECTICUT AVE., NW
City-St-Zip: WASHINGTON, DC 20009

Title: T () Delete
Name: FERRARI, JOHN M
Address: 1110 SPRING STREET
City-St-Zip: SILVER SPRING, MD 20910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: JOHN M. FERRARI

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04/13/2009

Electronic Signature of Signing Officer or Director

Date