2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 04, 2006
Secretary of State

DOCUMENT# F05000004607

Entity Name: PULMONARY PROVIDERS, INC.

Current Principal Place of Business:

21408 W. DIXIE HIGHWAY
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

21408 W. DIXIE HIGHWAY
MIAMI, FL 33180

New Mailing Address:

FEI Number: 36-4154886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVSHIN, DANIEL
3001 S. OCEAN DRIVE
1101
HOLLYWOOD, FL 33019 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

OFFICERS AND DIRECTORS:

Title: CPST (X) Delete
Name: SOYFERMAN, YURI
Address: 21408 W. DIXIE HWY
City-St-Zip: MIAMI, FL 33180

Title: P ( ) Delete
Name: LIVSHIN, DANIEL
Address: 3001 S. OCEAN DRIVE #1101
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DANIEL LIVSHIN P 12/04/2006

Electronic Signature of Signing Officer or Director — Date