

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27 1997 8:00am
Secretary of State

DOCUMENT # L13578 (4)

1. Corporation Name
PULMONARY PRESCRIPTION PROVIDERS, INC.



Principal Place of Business Mailing Address
3129 W HALL BEACH BLVD 3129 W HALL BEACH BLVD
#106 #106
PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009

3. Date Incorporated or Qualified 08/29/1989 3a. Date of Last Report 02/13/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0165019 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

HELFAN, STEVEN B.
10799 NASHVILLE DRIVE
COOPER CITY FL 33026

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT HELFAN, MARSORIE 1.1 TITLE HELFAN MARSORIE
NAME 12 NAME
STREET ADDRESS 10799 NASHVILLE DR. 13 STREET ADDRESS
CITY-ST-ZIP COOPER CITY FL 14 CITY-ST-ZIP

TITLE DT SCHATZMAN, SOPHIE 2.1 TITLE PRES.
NAME 22 NAME
STREET ADDRESS 2211 N.W. 202ND ST. 23 STREET ADDRESS
CITY-ST-ZIP N. MIAMI FL 24 CITY-ST-ZIP

TITLE 3.1 TITLE
NAME 32 NAME
STREET ADDRESS 33 STREET ADDRESS
CITY-ST-ZIP 34 CITY-ST-ZIP

TITLE 4.1 TITLE
NAME 4.2 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY-ST-ZIP 44 CITY-ST-ZIP

TITLE 5.1 TITLE
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP

TITLE 6.1 TITLE
NAME 6.2 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARSORIE HELFAN TREAS 2/18/97 954-966-6733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)