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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L13578

(4)

PULMONARY PRESCRIPTION PROVIDERS, INC.

3129 W HALL BEACH BLVD #106 PEMBROKE PARK FL 33009 2. Principal Place of Business 2a. Mailing Address 25 Principal Place of Business 25 Principal Place of Business 26 PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1989 4. FEI Number PEMBROKE PARK FL 33009 PEMBROKE PARK FL 3					
#106 PEMBROKE PARK FL 33009 2. Principal Place of Business 2. Maliting Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Date Incorporated or Qualified 08/29/1989 4. FEI Number 65-0165019 Not Applied For 65-0165019 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required City & State City & S	Principal Place of Business Mailing	g Address			
PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1989 2. Principal Place of Business 25. Applied For 65-0165019 Suite, Apt. #, etc. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. City & State Added to Fees			:		
3. Date Incorporated or Qualified 08/29/1989 2. Principal Place of Business 2a. Maliing Address 4. FEI Number 65-0165019 Not Applied For Not					
2. Principal Place of Business 4. FEI Number 65-0165019 Not Applied For Status Desired Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 2. Principal Place of Business 65-0165019 Suite, Apt. #, etc. 3. Certificate of Status Desired Fee Required 65-0165019 Fee Required 65-0165019 Suite, Apt. #, etc. 55-0165019 Fee Required 65-0165019	PEMBROKE PARK FL 33009 PEMB	SROKE PARK FL 33009			5 SPACE
2. Principal Place of Business 2. Malling Address 2. Principal Place of Business 2. Applied Formula Place of Business 3. Applied Formula Place of Business 3. Certificate of Status Desired 3. Certificate of Status Desired 3. City & State 3. Election Campalgn Financing Trust Fund Contribution 3. Applied Formula Formula Formula Fee Required 3. City & State 3. Applied Formula Formula Formula Fee Required 4. FEI Number 5. Certificate of Status Desired 5. Election Campalgn Financing Added to Fees 5. Added to Fees					-
21 26 65-0165019 Not Applica Suite, Apt. #, etc. 22 2 27 5. Certificate of Status Desired Fee Required City & State City & City & State				08/29/1989	
Suite, Apt. #, etc. 22 City & State City	2. Principal Place of Business 2a. Ma	alling Address		4. FEI Number	Applied For
22 5. Certificate of Status Desired	21 26			65-0165019	Not Applicable
City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	Suite, Apt. #, etc. Su	ite, Apt. #, etc.		- O- 00 - 10 - 10 - 10 - 10 - 10 - 10 -	\$8.75 Additional
23 Trust Fund Contribution Added to Fees	27			5. Certificate of Status Desired	Fee Required
28 Trust Fund Contribution Added to Fees	City & State Cit	ry & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country Zip Country 8 This corporation owes or has paid the current year integrities.	28				
	Zip Country Zip	Countr	ry	8. This corporation owes or has paid the ci	urrent year Intangible
24 25 29 30 Personal Property Tax due June 30. 💢 Yes 🗌 No	24 25 29	30		Personal Property Tax due June 30.	Yes 🗆 No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	Name and Address of Current Registered	d Agent		10. Name and Address of New Registered	d Agent
HELFAN, STEVEN B. 81 Name	HELFAN, STEVEN B.	81	1 Name	•	
10799 NASHVILLE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)	10799 NASHVILLE DRIVE	92	Street Address	se (P.O. Boy Niumber is Not Acceptable)	
COOPER CITY FL 33026	COOPER CITY FL 33026	100	Oliest Madret	os (r.o. box rambol is not Acceptable)	* 4
83		83	3		
84 City 85 Zip Code		84	1 City		es Zin Coda
FL T					<u> </u>
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 registere across the office or registered agent, or both, in the State of Florida. Such otherwise was authorized by the corporation's board of directors. I hereby accept the obligations of Section 607.0505 Florida Statutes.	office or registered agent, or both, in the State of Florida, S	Such change was authorized b	by the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its registered apointment as registered

	The same time, and accept the range of the same actions,		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	ITE: Registered Agent signatur	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DT DELETE	1.1 TITLE	☐ Change ☐ Additio
NAME	HELFAN MARJORIE	1,2 NAME	
STREET ADDRESS	10799 NASHVILLE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	P DELETE	2.1 TITLE	Change Additio
NAME	SCHATZMAN, SOPHIE	2.2 NAME	1
STREET ADDRESS	2211 N.W. 202ND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	2. 4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Additio
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	L DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Additio
NAME		5.2 NAME	}
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5,4 CITY - ST - ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
Street Address		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY - ST - ZIP	

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 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: \(\)

FILED

Feb 09 1998 8:00am

Secretary of State