

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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90088 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L13578

1. Corporation Name

PULMONARY PRESCRIPTION PROVIDERS, INC.

Principal Place of Business

3129 W HALL BEACH BLVD  
#106  
PEMBROKE PARK FL 33009

Mailing Address

3129 W HALL BEACH BLVD  
#106  
PEMBROKE PARK FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1989

4. FEI Number

65-0165019

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name HELFAN STEVEN B  
82 Street Address (P.O. Box Number is Not Acceptable)  
4024 N OCEAN DR  
83 HLTWD FL 33019  
84 City HLTWD FL 85 Zip Code 33019

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

TITLE	DT	<input type="checkbox"/> DELETE
NAME	HELFAN MARJORIE	
STREET ADDRESS	10799 NASHVILLE DR.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHATZMAN, SOPHIE	
STREET ADDRESS	2211 N.W. 202ND ST.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES-SECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HELFAN MARJORIE	
1.3 STREET ADDRESS	4024 N. OCEAN DR	
1.4 CITY-ST-ZIP	HLTWD FLA 33019	
2.1 TITLE	VICE-PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHATZMAN SOPHIE	
2.3 STREET ADDRESS	2211 N.W. 202ND ST	
2.4 CITY-ST-ZIP	N MIAMI FLA 33180	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)