

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90102 003 ***150.00

DOCUMENT # L13578

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0165019

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELFAN, STEVEN B.
4024 N OCEAN DR
HOLLYWOOD, FL 33019**

Name **MARJORIE HELFAN**

Street Address (P.O. Box Number is Not Acceptable)
4024 N. OCEAN DR

City **HTLWD** FL Zip Code **33019**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marjorie Helfan*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/5/06
Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P/S** ☐ Delete
NAME **HELFAN MARJORIE**
STREET ADDRESS **4024 N OCEAN DR**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE **VP** ☒ Delete
NAME **SCHATZMAN, SOPHIE**
STREET ADDRESS **2211 NW 202ND ST**
CITY-ST-ZIP **N. MIAMI, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **HELFAN MARJORIE**
STREET ADDRESS **4024 N OCEAN DR**
CITY-ST-ZIP **HTLWD FL 33019**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **LARRY SCHATZMAN**
STREET ADDRESS **1717 N BAYSHORE DR**
CITY-ST-ZIP **MIAMI BEACH FL 33132**

TITLE **ASSIST SECT** ☐ Change ☒ Addition
NAME **STEPHEN SCHATZMAN**
STREET ADDRESS **2101 NE 212th ST**
CITY-ST-ZIP **NMB FLA 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Marjorie Helfan, Pres. Sec. Treas* *4/6/06* *954-964-9783*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #