

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90006 016 ***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**

40005961



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01032008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0165019

Applied For
Not Applicable

Zip Country

Zip Country

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, MARJORIE
4024 N OCEAN DR
HOLLYWOOD, FL 33019**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PST
HELFAN MARJORIE
4024 N OCEAN DR
HOLLYWOOD, FL 33019**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
SCHATZMAN, LARRY
1717 NORTH BAYSHORE DR
MIAMI, FL 33132**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AS
SCHATZMAN, STEPHEN
2101 NE 212TH ST
NORTH MIAMI BEACH, FL 33179**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
SCHATZMAN, SANDRA
1717 NORTH BAYSHORE DR
MIAMI, FL 33132**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARJORIE HELFAN

01/04/08 (954)966-6730

Date

Daytime Phone #