

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L13578

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: PULMONARY PRESCRIPTION PROVIDERS, INC.

## Current Principal Place of Business:

3129 W HALL BEACH BLVD  
#106  
PEMBROKE PARK, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

3129 W HALL BEACH BLVD  
#106  
PEMBROKE PARK, FL 33009

## New Mailing Address:

4024 N OCEAN DR  
HOLLYWOOD, FL 33019

FEI Number: 65-0165019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELFAN, MARJORIE  
4024 N OCEAN DR  
HOLLYWOOD, FL 33019 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: HELFAN MARJORIE,  
Address: 4024 N OCEAN DR  
City-St-Zip: HOLLYWOOD, FL 33019

Title: AS ( ) Delete  
Name: SCHATZMAN, STEPHEN  
Address: 2101 NE 212TH ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP ( ) Delete  
Name: SCHATZMAN, SANDRA  
Address: 1717 N BAYSHORE DR  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE HELFAN

PST

03/18/2009

Electronic Signature of Signing Officer or Director

Date