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Apr 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # N96000001422 (2)

1. Corporation Name

PULMONARY LYMPHANGIOLEIOMYOMATOSIS FOUNDATION, INC.

Principal Place of Business

Mailing Address

4119 NORTH STATE ROAD 7, SUITE 8004  
LAUDERDALE LAKES FL 33319

4119 NORTH STATE ROAD 7, SUITE 8004  
LAUDERDALE LAKES FL 33319-4826



3. Date Incorporated or Qualified 03/14/1996	3a. Date of Last Report
4. FEI Number 65-0651000 65-165100	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 4119 N. State RD 7

26 4119 N. State RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 8004

27 Suite 8004

City & State

City & State

23 Lauderdale Lakes, FL.

28 Lauderdale Lakes, FL.

Zip

Country

Zip

Country

24 33319

25 U.S.A.

29 33319

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

AMERILAWYER CHARTERED

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

343 ALMERIA AVENUE

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HARDMAN, ELAINE MAHONE DR.  
STREET ADDRESS 4119 NORTH STATE ROAD 7, SUITE 8004  
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME HARDMAN, PHILIP HOWARD  
STREET ADDRESS 4119 NORTH STATE ROAD 7, SUITE 8004  
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  
NAME HARDMAN, ALICE ELAINE DR.  
STREET ADDRESS 4119 NORTH STATE ROAD 7, SUITE 8004  
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elaine Mahone Hardman, MD, 3-12-97 (954) 677-2404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone # 00000000

CR2E037 (9/96)