

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001422 (2)**

1. Corporation Name

**PULMONARY LYMPHANGIOLEIOMYOMATOSIS FOUNDATION, I
NC.**

Principal Place of Business 4119 NORTH STATE ROAD 7, SUITE 8004 LAUDERDALE LAKES FL 33319	Mailing Address 4119 NORTH STATE ROAD 7, SUITE 8004 LAUDERDALE LAKES FL 33319
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/14/1996	4. FEI Number 65-0651000	Applied For <input type="checkbox"/> 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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name DR. ELAINE MAHONE HARDMAN 82 Street Address (P.O. Box Number is Not Acceptable) 5025 N.W. 36TH STREET, SUITE J112 83 84 City LAUDERDALE LAKES FL 85 Zip Code 33319
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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 *Elaine Mahone Hardman* **ELAINE MAHONE HARDMAN, M.D.** **4/23/98**
Signature, typed or printed name of registered agent and title (Approve only if M.D.) (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE DR. ELAINE MAHONE DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDMAN, ELAINE MAHONE DR.		1.2 NAME	
STREET ADDRESS 4119 NORTH STATE ROAD 7, SUITE 8004		1.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LAKES FL 33319		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDMAN, PHILIP HOWARD		2.2 NAME ADAM WANNER, M.D.	
STREET ADDRESS 4119 NORTH STATE ROAD 7, SUITE 8004		2.3 STREET ADDRESS 1475 N.W. 12 Avenue	
CITY-ST-ZIP LAUDERDALE LAKES FL 33319		2.4 CITY-ST-ZIP Miami, Florida 33136	
TITLE STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDMAN, ALICE ELAINE DR.		3.2 NAME MARILYN K. GLASSBERG	
STREET ADDRESS 4119 NORTH STATE ROAD 7, SUITE 8004		3.3 STREET ADDRESS 1475 N.W. 12 Avenue	
CITY-ST-ZIP LAUDERDALE LAKES FL 33319		3.4 CITY-ST-ZIP Miami, Florida 33136	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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* **ELAINE MAHONE HARDMAN, M.D., PRESIDENT 4/23/98**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **003257**

CR2E037 (10/97)