

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90228 050 ****70.00

0038480

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001422

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/14/1996

4. FEI Number

65-0651000

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARDMAN, ELAINE MAHONE
5025 NW 36TH ST
STE J112
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81 Name

HARDMAN, ELAINE MAHONE DR

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

5025 N.W. 36TH

83

STE J112

84 City

LAUDERDALE LAKES

FL

85 Zip Code
33319

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME VD
STREET ADDRESS ADAMS, WANNER MD
CITY-ST-ZIP 1475 NW 12 AVE
MIAMI FL 33136

TITLE ☐ DELETE

NAME T
STREET ADDRESS GLASSBERG, MARILYN K
CITY-ST-ZIP 1475 N W 12 AVE
MIAMI FL 33136

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

T
GLASSBERG, MARILYN K DR.
1475 N.W. 12TH AVE.
MIAMI, FL. 33136

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: Elaine Mahone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. ELAINE MAHONE HARDMAN

4/20/99 (954) 731-4918

Date

Daytime Phone #

CR2E037 (11/98)