

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90004 044 ****75.00

DOCUMENT # N96000001422

1. Entity Name

**PULMONARY LYMPHANGIOLEIOMYOMATOSIS
FOUNDATION, INC.**



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

2750 N. W 44TH ST #412

Suite, Apt. #, etc.

OAKLAND PARK FL

City & State

33

Zip

33309-4380

Country

USA

3. Mailing Address

SAME AS PLACE OF

Suite, Apt. #, etc.

BUSINESS

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0651000

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARDMAN, ELAINE MAHONE
2750 NW 44TH ST
APT 412
OAKLAND PARK FL 33309**

7. Name and Address of New Registered Agent

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 \$61.25
Due By May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE T ☐ Delete
NAME GLASSBERG, MARILYN K
STREET ADDRESS 1475 N W 12 AVE
CITY-ST-ZIP 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 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 617, 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: *ELAINE MAHONE HARDMAN, M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-10-04 954-677-2484
Date Daytime Phone #