

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000009022**1. Entity Name
MJ PULMONARY DIAGNOSTICS, INC.Principal Place of Business
5213 1ST AVENUE SOUTH
ST. PETERSBURG FL 33713
Mailing Address
5213 1ST AVENUE SOUTH
ST. PETERSBURG FL 337132. Principal Place of Business
511 BROOKSIDE DRIVE
3. Mailing Address
511 BROOKSIDE DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER FL
City & State
CLEARWATER FLZip
33764
Country
US
Zip
33764
Country
US4. FEI Number
59-3621324
Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES FL 33134
US**7. Name and Address of New Registered Agent**Name
KIMBERLY JOHNS APRESIDEStreet Address (P.O. Box Number is Not Acceptable)
2406 HAZELWOOD LANECity
CLEARWATER FL
Zip Code
33763

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.

SIGNATURE **KIMBERLY A. JOHNS****03/15/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
PSTD
LINDSAY PHILLIP M ☐ Delete
STREET ADDRESS
5213 1ST AVENUE SOUTH
CITY-ST-ZIP
ST. PETERSBURG FL 33713TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
PSTD
JOHNS KIMBERLY A ☒ Change ☐ Addition
STREET ADDRESS
511 BROOKSIDE DRIVE
CITY-ST-ZIP
CLEARWATER FL 33764TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY A. JOHNS

PSTD 03/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)