

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045041

Entity Name: LUNG CARE CORP.,

FILED  
Apr 11, 2006  
Secretary of State

## Current Principal Place of Business:

8900 S.W. 24 ST.  
SUITE101  
MIAMI, FL 33165

## New Principal Place of Business:

## Current Mailing Address:

8900 S.W. 24 ST.  
SUITE101  
MIAMI, FL 33165

## New Mailing Address:

FEI Number: 65-1110820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOREA, PAULINO F  
650 NW 123RD AVENUE  
MIAMI, FL 33182 US

## Name and Address of New Registered Agent:

MORERA, PAULINO F  
650 NW 123RD AVENUE  
MIAMI, FL 33182 US

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: MORERA PAULINO F

04/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: MORERA, PAULINO F  
Address: 650 NW 123RD RD AVE.  
City-St-Zip: MIAMI, FL 33182

Title: VPD ( ) Delete  
Name: MORERA, PAULINO JR  
Address: 650 NW 123RD AVE.  
City-St-Zip: MIAMI, FL 33182

Title: TD ( ) Delete  
Name: MORERA, BEATRIZ  
Address: 650 NW 123RD AVE.  
City-St-Zip: MIAMI, FL 33182

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORERA PAULINO F

PSD

04/11/2006

Electronic Signature of Signing Officer or Director

Date