# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 01, 2008**
**Secretary of State**

DOCUMENT# P01000045041

**Entity Name:** LUNG CARE CORP.,

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

8900 S.W. 24 ST.
SUITE 101
MIAMI, FL 33165

**Current Mailing Address:**

8900 S.W. 24 ST.
SUIT E101
MIAMI, FL 33165

**New Mailing Address:**

8900 S.W. 24 ST.
SUIT E 101
MIAMI, FL 33165

**FEI Number: 65-1110820** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

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 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: PAULINO MORERA VISE 02/01/2008

Electronic Signature of Signing Officer or Director — Date