

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000087037

FILED
Jul 29, 2009
Secretary of State**Entity Name:** PULMOCAIR RESPIRATORY, INC.**Current Principal Place of Business:**755 NW 17 AVENUE
106
DELRAY BEACH, FL 33445**New Principal Place of Business:****Current Mailing Address:**755 NW 17 AVENUE
106
DELRAY BEACH, FL 33445**New Mailing Address:****FEI Number:** 65-1138994**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FEDELE, JONATHAN
701 SW 36 AVE.
BOYNTON BEACH, FL 33435 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**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: FEDELE, JONATHAN
Address: 701 SW 36 AVE.
City-St-Zip: BOYNTON BEACH, FL 33435**Title:** VP (X) Delete
Name: MIKO, KYLE
Address: 5716 NW 125 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076**Title:** SEC (X) Delete
Name: LICA, STEVEN
Address: 6238 NW 120 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076**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: JONATHAN FEDELE

P

07/29/2009

Electronic Signature of Signing Officer or Director_____
Date