

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000116805

Entity Name: PREMIER CARDIO PULMONARY MEDICAL, INC.

FILED
May 01, 2002 8:00 AM
Secretary of State

Current Principal Place of Business:

28870 US 19 N, STE 319
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:
28870 US 19 N, STE 319
CLEARWATER, FL 33761

New Mailing Address:

P.O BOX 16264
CLEARWATER, FL 33766

FEI Number: 59-3760958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1000 WEST AVE, STE 1114
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

JOHNS, KIMBERLY A
2406 HAZELWOOD LANE
CLEARWATER, FL 33763 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: KIMBERLY JOHNS

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNS, KIMBERLY A
Address: 2406 HAZELWOOD LN
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: KIMBERLY JOHNS

PRES

05/01/2002

Electronic Signature of Signing Officer or Director

Date