

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116805

FILED
Jan 07, 2004
Secretary of State

Entity Name: PREMIER CARDIO PULMONARY MEDICAL, INC.

Current Principal Place of Business:

22039 US 19 N.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

P.O BOX 16264
CLEARWATER, FL 33766

New Mailing Address:

P.O BOX 16264
CLEARWATER, FL 33766 US

FEI Number: 59-3760958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNS, KIMBERLY A
Address: 2406 HAZELWOOD LN
City-St-Zip: CLEARWATER, FL 33763

Title: VP () Change (X) Addition
Name: JOHNS, DAVID H
Address: 2406 HAZELWOOD LANE
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the 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 A. JOHNS

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date