

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90394 032 ***150.00

DOCUMENT # P07000055767					
1. Entity Name AIRMD, INC.					
Principal Place of Business 7700 CONGRESS AVE., NO. 1120 BOCA RATON, FL 33487			Mailing Address 7700 CONGRESS AVE., NO. 1120 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # 7700 CONGRESS AVE Suite, Apt. #, etc. 1119 City & State BOCA RATON, FL Zip 33487 Country USA		3. Mailing Address 7700 CONGRESS AVE Suite, Apt. #, etc. 1119 City & State BOCA RATON, FL Zip 33487 Country USA			
4. FEI Number 26-0168473		04172008 Chg-P CR2E034 (12/06)			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRUDNER, PHILIP 7700 CONGRESS AVE., NO. 1120 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name BRUDNER, Philip Street Address (P.O. Box Number is Not Acceptable) 7700 CONGRESS AVE., No 1119 City BOCA RATON FL Zip Code 33487		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Philip Brudner</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUDNER, PHILIP 7700 CONGRESS AVE., NO. 1120 BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	7700 CONGRESS AVE - #1119 BOCA RATON, FL 33487	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUTLER, ALAN 7700 CONGRESS AVE., NO. 1120 BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	7700 CONGRESS AVE - #1119 BOCA RATON, FL 33487	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <i>Philip Brudner</i> Date: Daytime Phone #:					