

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000066248

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** PRECISION PULMONARY NP, INC.

**Current Principal Place of Business:**

2194 MAIN STREET  
SUITE O  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16267  
CLEARWATER, FL 33766

**New Mailing Address:**

P.O. BOX 16264  
CLEARWATER, FL 34766 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOMACK, BRANDON M  
2194 MAIN STREET  
SUITE O  
DUNEDIN, FL 34698 US

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

JOHNS, KIMBERLY A  
115 DEERPATH DR  
OLDSMAR, FL 34698 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 A. JOHNS

03/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JOHNS, KIMBERLY A  
Address: 2194 MAIN STREET, SUITE I  
City-St-Zip: DUNEDIN, FL 34698 US

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY A. JOHNS

PD

03/30/2011

Electronic Signature of Signing Officer or Director

Date