

<h1 style="margin: 0;">DOCUMENT # P94000009971</h1>			
1. Entity Name <div style="text-align: center; font-size: 1.2em; font-weight: bold; margin-top: 10px;">PULMONARY STUDIES, INC.</div>			
Principal Place of Business 351-D W. MARION AVE. PUNTA GORDA FL 33950 US		Mailing Address P.O. BOX 510656 PUNTA GORDA FL 33951-0656 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
PERCH, STANLEY A JR 351-D WEST MARION AVE PUNTA GORDA FL 33950			Name
			Street Address (If different from above)
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
Signature, typed or printed name of registered agent and title if applicable.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12.	
TITLE	PTD <input type="checkbox"/> Delete		TITLE
NAME	PERCH, STANLEY A JR		NAME
STREET ADDRESS	351-D W. MARION AVE.		STREET ADDRESS
CITY - ST - ZIP	PUNTA GORDA FL 33950		CITY - ST - ZIP
TITLE	VSD <input type="checkbox"/> Delete		TITLE
NAME	SPAULDING, DENNIS L.		NAME
STREET ADDRESS	351-D W. MARION AVE.		STREET ADDRESS
CITY - ST - ZIP	PUNTA GORDA FL 33950		CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP

[illegible]

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0465965		Applied For	
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
PERCH, STANLEY A JR 351-D WEST MARION AVE PUNTA GORDA FL 33950	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PERCH, STANLEY A JR 351-D W. MARION AVE. PUNTA GORDA FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SPAULDING, DENNIS L. 351-D W. MARION AVE. PUNTA GORDA FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley A. Perch, Jr Stanley A. Perch, Jr 4/12/2000 (941)637-1513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPR2E034 '9/99'