

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED


pg. 1 of 2

97 JUL 23 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070666 (0)

1. Corporation Name

PULMONARY DIAGNOSTICS, INC.

Principal Place of Business

1942 12TH STREET
SARASOTA FL 34236

Mailing Address

771 42ND STREET
SARASOTA FL 34234

2. Principal Place of Business

21 2600 COURTLAND ST.

2a. Mailing Address

25 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

23 SARASOTA, FL.

Zip

24 34237

Country

25 SARASOTA

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

07/02/1996

4. FEI Number

65-0521785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIDKIN, JEFFREY D ESQ.
C/O MERSHON, SAWYER, JOHNSTON ET AL
5551 RIDGEWOOD DRIVE STE. 502
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS WILSON, DOUGLAS J
CITY-ST-ZIP 771 42ND STREET
SARASOTA FL 34234

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 900002251689--3
1.4 CITY-ST-ZIP -07/29/97--01135--007
****165.00 ****165.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D. Wilson
7/23/97

CR2E034 (4/97)

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PULMONARY DIAGNOSTICS, INC.

ARTERIAL BLOOD GASES • OVERNIGHT PULSE OXIMETRY

7-17-97

DEAR SIRs,

I AM WRITING YOU PER MY TELEPHONE CONVERSATION WITH YOUR OFFICE ON THIS DATE. IN TODAYs MAIL I RECEIVED THE "2ND NOTICE" OF THE 1997 PROFIT CORPORATION ANNUAL REPORT PACKET. I DID NOT RECEIVE THE "1ST NOTICE" PACKET THIS YEAR. UNABLE TO REACH HELP AT THE ASSISTANCE NUMBER PROVIDED (904-488-9000) I TELEPHONED THE DIVISION OF CORPORATIONS AT (904) 487-6000. I EXPLAINED MY SITUATION TO YOUR OFFICE, INCLUDING THE FACT THAT MY BUSINESS ADDRESS HAS CHANGED SINCE LAST YEAR. I WAS INSTRUCTED TO INCLUDE THIS LETTER ALONG WITH MY PAYMENT OF \$165.00. THE NEW ADDRESS FOR MY PLACE OF BUSINESS HAS BEEN INDICATED ON THE ANNUAL REPORT. MY MAILING ADDRESS HAS NOT CHANGED, SO I DO NOT KNOW HOW MY FIRST NOTICE WAS NOT RECEIVED. MY CHANGE OF ADDRESS NOTICE IS STILL ACTIVE AT THE POST OFFICE.

I HOPE THIS EXPLANATION WILL SATISFY YOUR OFFICE AND RELIEVE ME OF THE STIFF PENALTY IMPOSED FOR LATE FILING. I AM A SMALL, ONE MAN CORPORATION, AND I AM STRUGGLING TO MEET THE EXPENSES I ALREADY HAVE. THANK YOU VERY MUCH FOR YOUR ASSISTANCE.

SINCERELY,



DOUGLAS J. WILSON
PRES., P.D.I.

771 42ND ST.
SARASOTA, FL 34234