	PLEASE REAL	) ALL INST	FRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
REM	BIR	PEOKID	A DEPARTMEI Sandra B. Mor Secretary of S IVISION OF CORPOR	tham State		B NOV 23 AM II: 40	
DOCUMENT # P94000070666  1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
PULMONARY DIAGNOSTICS, INC.						,	
Principal P	lace of Business	Mailing Addr	Mailing Address				
2600 COUF SARASOTA	RTLAND STREET FL 34237		2600 COURTLAND STREET SARASOTA FL 34237				
			ect Information and enter correction below.				
	incipal Office Address, if Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorpe To Do Busir	orated or Qualified ness in Florida 09/26/1994	
Suite, Apt.		771				Applied For	
City & State		SARA	City & State SARASOTA , EL		6.	65-0521785   Not Applicable	
Zip	Country	Zip 342	34234 Country SARASOTA		CERTIFICATE	S8.75 Additional Fee required for a Certificate of Startis	
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Flo	<del>,</del>				
Title(s)	Name of Officers and/or Directors 3 (Do NO		Off 3 (Do NOT Use	Street Address of Each Officer and/or Director Use Post Office Box Numbers)		City / State / Zip	
D	WILSON, DOUGLAS J		771 42ND STREET			SARASOTA FL 34234	
					6	000027022767 -12/03/9801094011 	
				<del></del>			
C/O MERSHON, SAWYER, JOHNSTON ET AL				Street Address (F Suite, Apt. #, Etc. City	Address (P.O. Box Number is Not Acceptable)  Apt. #, Etc.  State   Zip Code   FL		
Signature o Registered	Agent Deffrey Diffred	TURE REGISTERED AG	E REQL	JIRED ar		Date	
Int	angible Personal Properties that I am an officer or director or the rec	erty tax due	June 30.	Yes XI	provided for in cha	on intelligible tax.)  pter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees	
awed by		e names of individ	luals listed on this for	m do not qualify for	an exemption und	fer section 119.07(3)(i), F.S. The information indicated	

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date



## PULMONARY DIAGNOSTICS, INC. Arterial Blood Gases \* Overnight Pulse Oximetry \* Electrocardiogram

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 11-16-98

To whom it may concern,

Enclosed with my application for reinstatement please note my check for \$150.00. Notices for annual reports this year were not sent to my business address, as they were the previous year. I do not know why this occured, but as a result I had no knowledge of my status until I received the notice of dissolution. This notice was hand delivered to my office by an administrator not associated with Pulmonary Diagnostics. The administrator stated he had no knowledge of the previous two notices.

In speaking with Trevor from your office on 11-16-98, I was advised to send a letter of explanation along with a check for \$150.00 and the application for reinstatement. Please note that I have corrected the mailing address. I hope this explanation will suffice and the fee submitted is adequate as I am a small laboratory and my funds are extremely limited.

Sincerely,

Douglas J. Wilson Pres., P.D.I.