




**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000028208		
1. Entity Name PREMIER PULMONARY SERVICES, INC.		
Principal Place of Business 1615 RIDGEWOOD AVENUE #C-107A HOLLY HILL, FL 32117		Mailing Address 1615 RIDGEWOOD AVENUE #C-107A HOLLY HILL, FL 32117
DO NOT WRITE IN THIS SPACE		
		 01222007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3439345		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent INGHAM, IV, HOWARD M 701 BIG TREE ROAD SOUTH DAYTONA, FL 32119		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000625348 02/14/07-80072-010 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELAM, BERT A 5575 MILES DR PORT ORANGE, FL 32127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST INGHAM, HOWARD M IV 701 BIG TREE ROAD SOUTH DAYTONA, FL 32119	
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DO NOT WRITE IN THIS SPACE		
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:  BERT ELAM		X 2/5/07 (386) 676-0133
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>