


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P97000028208 1. Entity Name PREMIER PULMONARY SERVICES, INC.	
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Principal Place of Business 1615 RIDGEWOOD AVENUE #C-107A HOLLY HILL, FL 32117	Mailing Address 1615 RIDGEWOOD AVENUE #C-107A HOLLY HILL, FL 32117
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01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3439345	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$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
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**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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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03/18/08-80001-009 150.00

**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: *X* 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERT ELAM

X

1/29/08

Date

Daytime Phone #

(386) 676-0133