

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S15025**  
1. Corporation Name  
**PULMED CORPORATION**

Principal Place of Business Mailing Address  
**122 Minorca Avenue** **SAME**  
**Coral Gables, FL 33134**

3. Date Incorporated or Qualified **11/26/1990** 3a. Date of Last Report **1996**

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 2. Principal Place of Business<br><b>21 SAME</b> | 2a. Mailing Address<br><b>26</b> | 4. FEI Number<br><b>65-0234676</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc<br><b>22</b>                  | Suite, Apt. #, etc.<br><b>27</b> | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required                  |
| City & State<br><b>23</b>                        | City & State<br><b>28</b>        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                     |
| Zip<br><b>24</b>                                 | Country<br><b>25</b>             | Zip<br><b>29</b>  | Country<br><b>30</b>                                   |

9. Name and Address of Current Registered Agent

**Medell, Philippe L.**  
**922 Wallace Street**  
**Coral Gables, FL 33134**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PSD                    | <input type="checkbox"/> DELETE |
| NAME           | Medell, Philippe L.    |                                 |
| STREET ADDRESS | 922 Wallace Street     |                                 |
| CITY-ST-ZIP    | Coral Gables, FL 33134 |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | Medell, Robert         |                                 |
| STREET ADDRESS | 2680 S.W. 87th Avenue  |                                 |
| CITY-ST-ZIP    | Miami, FL 33155        |                                 |
| TITLE          | T                      | <input type="checkbox"/> DELETE |
| NAME           | Johnston, Kevin        |                                 |
| STREET ADDRESS | 3229 Lander Road       |                                 |
| CITY-ST-ZIP    | Jefferson, MD          |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | <b>400002327044--6</b>  |
| 13 STREET ADDRESS | <b>-10/22/97--01080--017</b>                                      |
| 14 CITY-ST-ZIP    | <b>****165.00 ****165.00</b>                                      |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 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:

*Philippe L. Medell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/97

305-442-9100

Date

Florida Phone #

CR2E034 (9/96)

FILED

97 OCT 20 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Breathe easier with us.*

October 14, 1997

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Madam/Sir:

As per our recent telephone conversation, enclosed please find check no. 4340 in the amount of \$165.00 and the 1997 annual report. As discussed and for reason unclear, the post office returned the first annual report, although it was correctly mailed to our current address. The second notice never arrived at our office and was never returned to your office. This problem also occurred with two other companies in our building.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call.

Sincerely,

A handwritten signature in cursive script that reads "Philippe Lawrence Medell".

Philippe Lawrence Medell, JD  
President/CEO

Enc.

mv/plm/annual.rpt

122 Minorca Avenue  
Coral Gables, FL 33134  
(305) 442-9100  
(305) 442-0075 Fax  
(800) 824-5197