


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90050 044 \*\*\*158.75

<b>DOCUMENT # V12758</b> 1. Entity Name <b>PERSONAL PULMONARY HEALTH CARE, INC.</b>					
Principal Place of Business <b>2431 ALOMA AVE STEN 221 WINTER OPARK, FL 32792 US</b>			Mailing Address <b>16326 E SHIRLEY SHORES RD TAVARES, FL 32778 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3106252</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>PIERCEFIELD, DAVID S. 2431 ALOMA AVE STE 221 WINTER PARK, FL 32792</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BRUMBAUGH, JAY</b> <input type="checkbox"/> Delete <b>1316 BALDWIN DRIVE</b> <b>ORLANDO, FL 32806</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3115 S. OSCEOLA AVE.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input type="checkbox"/> Delete <b>LEHOTSKY, JOHN</b> <b>16326 E SHIRLEY SHORES RD</b> <b>TAVARES, FL 32778</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>LEHOTSKY, PA</b> <b>16326 E SHIRLEY SHORES RD</b> <b>TAVARES, FL 32778</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>BRUMBAUGH, TERESA P</b> <b>1316 BALDWIN DR.</b> <b>ORLANDO, FL 32806</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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.					
<b>SIGNATURE: John LEHOTSKY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-6-04 352-343-8888</b> <small>Date Daytime Phone #</small>		