

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V12758

FILED
Mar 25, 2009
Secretary of State

Entity Name: PERSONAL PULMONARY HEALTH CARE, INC.

Current Principal Place of Business:

260 N LAKE AVE
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

16326 E SHIRLEY SHORES RD
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-3106252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCEFIELD, DAVID S.
2431 ALOMA AVE
STE 221
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRUMBAUGH, JAY,
Address: 3115 S OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

Title: DPS () Delete
Name: LEHOTSKY, JOHN,
Address: 16326 E SHIRLEY SHORES RD
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: LEHOTSKY, PATRICIA
Address: 16326 E SHIRLEY SHORES RD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: BRUMBAUGH, TERESA P
Address: 3115 S OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LEHOTSKY

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date