

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V12758

FILED
Jan 07, 2012
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:

LEHOTSKY, JOHN
16326 E SHIRLEY SHORES RD
TAVARES, FL 32778 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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN LEHOTSKY

P

01/07/2012

Electronic Signature of Signing Officer or Director

Date