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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90118 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000005243					
1. Corporation Name SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.					
Principal Place of Business 9030 W LAKEVIEW CT CRYSTAL RIVER FL 34428 US			Mailing Address 9030 W LAKEVIEW CT CRYSTAL RIVER FL 34428 US		

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2. Principal Place of Business 21 300 S. Duncan Av Suite, Apt. #, etc. 22 Suite 227 City & State 23 Clearwater FL Zip Country 24 33755 US		2a. Mailing Address 26 300 S. Duncan Av Suite, Apt. #, etc. 27 Suite 227 City & State 28 Clearwater FL Zip Country 29 33755 US		3. Date Incorporated or Qualified 11/06/1995	
		4. FEI Number 65-0644075		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WRIGHT, TOM 9030 W LAKEVIEW CT CRYSTAL RIVER FL 34428			10. Name and Address of New Registered Agent 81 Name HEERING, EVELYN 82 Street Address (P.O. Box Number is Not Acceptable) 300 S. Duncan Av 83 Suite 227 84 City Clearwater FL 85 Zip Code 33755		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE <i>Evelyn Heering</i> EVELYN HEERING <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4/2/99 <small>(NOTE: Registered Agent signature required when reinstating)</small>		

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURMEISTER, DALE	1.2 NAME	
STREET ADDRESS	9323 TREE TOP LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34669	1.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEERLINE, EVELYN	2.2 NAME	ANDERSON, PAUL
STREET ADDRESS	625 LOIS LANE	2.3 STREET ADDRESS	1585 KINCAID RD
CITY-ST-ZIP	BELLEAIR BLUFFS FL	2.4 CITY-ST-ZIP	Marietta GA 30066
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAMAN, DON	3.2 NAME	WYATT, Richard
STREET ADDRESS	1129 KNIGHTS PLACE	3.3 STREET ADDRESS	1917 Beechwood
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	Little Rock AR 72207-2003
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM WRIGHT	4.2 NAME	WRIGHT, TOM
STREET ADDRESS	9030 W LAKE VIEW CT	4.3 STREET ADDRESS	9030 W. Lake View CT
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JUDY	5.2 NAME	WRIGHT, JUDY
STREET ADDRESS	9030 W LAKEVIEW CT	5.3 STREET ADDRESS	9030 W. Lake View CT
CITY-ST-ZIP	CRYSTAL RIVER FL	5.4 CITY-ST-ZIP	Crystal River, FL 34428
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, SANDI	6.2 NAME	OLSEN, SANDI
STREET ADDRESS	1167 TURNER STREET #202	6.3 STREET ADDRESS	1167 Turner ST #202
CITY-ST-ZIP	CLEARWATER FL 34616	6.4 CITY-ST-ZIP	CLEARWATER FL 33755

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dale A. Burmeister* **DALE A. BURMEISTER** **9 APR 22 1999** **742-888-0358**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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