2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000005243

Entity Name: SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.

Apr 29, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
COO C. DUNICANI AVE	

300 S. DUNCAN AVE. SUITE 227

CLEARWATER, FL 33755 US

New Mailing Address: Current Mailing Address:

300 S. DUNCAN AVE. SUITE 227

CLEARWATER, FL 33755 US

FEI Number: 65-0644075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEERING, EVELYN 300 S. DUNCAN AVE. SUITE 227 CLEARWATER, FL 33755

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete DV DΡ (X) Change () Addition BUNSEN, STEVE BUNSEN, STEVE Name: Name:

43629 RD 741 Address: 43629 RD 741 Address: City-St-Zip: SMITHFIELD, NE 68976 City-St-Zip: SMITHFIELD, NE 68976

Title: Title: DV () Delete (X) Change () Addition ANDERSON, PAUL Name: ODELL, ERIN Name:

Address: 1585 KINCAID RD. Address: 545 17TH STREET City-St-Zip: MARIETTA, GA 30066 City-St-Zip: BROOKLYN, NY 11215

Title: () Delete Title: DT (X) Change () Addition WYATT, RICHARD WALIN, JANET Name: Name:

Address: 1917 BEECHWOOD Address: P. O. BOX 8824 City-St-Zip: LITTLEROCK, AR 722072003 City-St-Zip: TAMPA, FL 33674

Title: DΡ () Delete Title: D (X) Change () Addition

FLYNN, KATHRYN Name: FLYNN, KATHRYN Name: Address: 2509 OLD NL 10 Address: 2509 OLD NL 10

City-St-Zip: HILLSBOROUGH, NC 27278 City-St-Zip: HILLSBOROUGH, NC 27278

Title: DS () Delete Title: DS (X) Change () Addition RETA, MELISSA YOAKUM, NANCY Name: Name:

11317 LA MARIDA BLVD., #47 115 BROWNING AVENUE NE Address: Address:

City-St-Zip: WHITTIER, CA 90604 City-St-Zip: PALM BAY, FL 32907

Title: () Delete Title: (X) Change () Addition WALSER, CARMEN RETA, MELISSA Name: Name:

Address: 8009 POTTERS RD Address: 11317 LA MARIDA BLVD., #47 MATTHEWS, NC 28104 WHITTIER, CA 90604 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE BUNSEN DP 04/29/2003