


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90003 011 ***150.00

DOCUMENT # 544453

1. Entity Name
CENTRAL FLORIDA PULMONARY GROUP, P.A.



Principal Place of Business Mailing Address
326 N MILLS AVE **326 N. MILLS AVE.**
ORLANDO, FL 39901-0020 US **ORLANDO, FL 32803-5734 US**

34014741



2. Principal Place of Business 3. Mailing Address
326 N. Mills Avenue Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State City & State
Orlando, FL City & State
 Zip Country Zip Country
32803 **US**


4. FEI Number Applied For
59-1760017 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERRAN, JUAN J
326 N. MILLS AVE.
ORLANDO, FL 32803

7. Name and Address of New Registered Agent
 Name **Yitzhak Daniel Haim**
 Street Address (P.O. Box Number is Not Acceptable)
326 North Mills Avenue
 City **Orlando** **FL** Zip Code **32803**

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:  **Y. Daniel Haim** **2/27/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

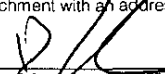
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALIMANO, FRANCISCO J 326 N MILLS AVE ORLANDO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REMY, FRANCISCO J 326 N MILLS AVE ORLANDO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASOOD, AHMED 326 N MILLS AVE ORLANDO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRAN, JUAN J 326 N MILLS AVE ORLANDO, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAIM, YITZITAK D 326 N MILLS AVE ORLANDO, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVST ALDARONDO, SIGFREDO 326 NORTH MILLS AVENUE ORLANDO, FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Yitzhak Daniel Haim 326 N. mills Avenue Orlando FL 32803	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VISIT Daniel T. Layish 326 North Mills Avenue Orlando FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE:  **Y. Daniel Haim** **2/27/04** **4078411100**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #