


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90293 030 ***158.75

DOCUMENT # 544453					
1. Entity Name CENTRAL FLORIDA PULMONARY GROUP, P.A.					
Principal Place of Business 326 N MILLS AVE ORLANDO, FL 32803 US			Mailing Address 326 N. MILLS AVE. ORLANDO, FL 32803-5734 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1760017	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YITZHAK, DANIEL 326 N. MILLS AVE. ORLANDO, FL 32803			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALIMANO, FRANCISCO J		NAME	ARIOSTO E. Rosado	
STREET ADDRESS	326 N MILLS AVE		STREET ADDRESS	326 N Mills Ave	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando FL 32803	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMY, FRANCISCO J		NAME		
STREET ADDRESS	326 N MILLS AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASOOD, AHMED		NAME		
STREET ADDRESS	326 N MILLS AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YITZHAK, DANIEL HAIM		NAME		
STREET ADDRESS	326 N MILLS AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYISN, DANIEL T		NAME		
STREET ADDRESS	326 N MILLS AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Y. Daniel Haim</u>			Date: <u>4/27/06</u>		Daytime Phone #: <u>4078411100</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					