

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90010 014 ***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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01142008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1760017

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

YITZHAK, DANIEL HAIM
326 N. MILLS AVE.
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CALIMANO, FRANCISCO J	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REMY, FRANCISCO J	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MASOOD, AHMED	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YITZHAK, DANIEL HAIM	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	LAYISH, DANIEL T	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSADO, ARIOSTO E	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mubin, Syed I.	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Suzanne M McCall **Suzanne M McCall** **1-14-08** **407 841 1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #