

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544453

FILED
Mar 05, 2010
Secretary of State

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

Current Principal Place of Business:

326 N MILLS AVE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1109 EAST RIDGEWOOD STREET
ORLANDO, FL 328035734 US

New Mailing Address:

FEI Number: 59-1760017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD
Name: CALIMANO, FRANCISCO J M.D.
Address: 326 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: VD
Name: REMY, FRANCISCO J M.D.
Address: 326 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: VD
Name: MASOOD, AHMED M.D.
Address: 326 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: PD
Name: HAIM, YITZHAK DANIEL M.D.
Address: 326 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: VSTD
Name: LAYISH, DANIEL T M.D.
Address: 326 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: VD
Name: GO, EUGENE M.D.
Address: 326 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: YITZHAK DANIEL HAIM, M.D.

P

03/05/2010

Electronic Signature of Signing Officer or Director

_____ Date

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CENTRAL FLORIDA PULMONARY GROUP, P.A.

Additional Officer/Director:

VD
Mahmood Ali, M.D.
326 North Mills Avenue
Orlando, Florida 32803