

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544453

FILED  
Feb 17, 2012  
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

**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: DANIEL HAIM, M.D.

PD

02/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

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**2011 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**CENTRAL FLORIDA PULMONARY GROUP, P.A.**

**Additional Officers/Directors:**

VD Syed Mobin, M.D. 326 N. Mills Ave Orlando, FL 32803	VD Mahmood Ali, M.D. 326 N. Mills Ave Orlando, FL 32803
VD Nguyen-Steve Dang Vu, M.D. 326 N. Mills Ave Orlando, FL 32803	VD Ruel Garcia, M.D. 326 N. Mills Ave Orlando, FL 32803
VD Tabarak Qureshi, M.D. 326 N. Mills Ave Orlando, FL 32803	VD Kevin DeBoer, D.O. 326 N. Mills Ave Orlando, FL 32803

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