

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 562346

FILED
Jun 21, 2007
Secretary of State

Entity Name: PULMONARY AND SLEEP SPECIALISTS OF FLORIDA, P.A.

Current Principal Place of Business:

ONE W SAMPLE RD
ONE MEDICAL PLAZA #308
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

ONE W SAMPLE RD #304
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 59-1803105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, STEVEN M.
ONE W SAMPLE RD
#304
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

HOFFBERGER, DARREN S
ONE W SAMPLE RD
#304
POMPANO BEACH, FL 33064 US

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: DARREN S HOFFBERGER

06/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAPIRO, STEVEN M.
Address: ONE W SAMPLE RD #308
City-St-Zip: POMPAN BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOFFENBERGER, DARREN S
Address: ONE W SAMPLE RD #308
City-St-Zip: POMPAN BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DARREN S HOFFBERGER

PRES

06/21/2007

Electronic Signature of Signing Officer or Director

Date