

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J43076 (5)

1. Corporation Name

MEDICAL PULMONARY ASSOCIATES, P.A.



Principal Place of Business

P O BOX 8831
CORAL SPRINGS FL 33065

Mailing Address

P O BOX 8831
CORAL SPRINGS FL 33065

2. Principal Place of Business

2a. Mailing Address

21 6610 N. University Dr

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 120

27

City & State

City & State

23 TAMARAC FL

28

Zip

Country

Zip

Country

24 33321

25

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/12/1986

3a. Date of Last Report

04/04/1995

4. FET Number

59-2743831

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 5834 NW 35 Way

84 Boca Raton

33496

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the date of signature

(NOTE: Registered Agent signature required when non-staging)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
ZEIGER, TONEL, MD
5328 LEITNER DRIVE, EAST
CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
WEINER, DOUGLAS MD
12029 SW 1ST ST
CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
S
STREIT, BARRY
4211 NW 101 DRIVE
CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS

5834 NW 35 Way
Boca Raton, FL 33496

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Electronic Filing #

CR2E034 (12/95)