2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J43076

FILED
Apr 09, 2009
Secretary of State

Entity Name: MEDICAL PULMONARY ASSOCIATES, P.A.

Current Principal Place of Business:

6610 N UNIVERSITY DR
#120
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 8831
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 59-2743831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZEIGER, TONEL, M.D.
6610 N, UNIVERSITY DR
120
TAMARAC, FL 33321 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: PD ( ) Delete
Name: ZEIGER, TONEL, MD
Address: 6610 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL 33321

Title: VD ( ) Delete
Name: WEINER, DOUGLAS MD
Address: 1776 NW 124TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S ( ) Delete
Name: STREIT, BARRY
Address: 4211 NW 101 DRIVE
City-St-Zip: CORAL SPRINGS, FL

Title: T ( ) Delete
Name: LIEBER, CHARLES
Address: 6610 N. UNIVERSITY DR
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TONEL ZEIGER, MD PD 04/09/2009
Electronic Signature of Signing Officer or Director Date