

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 29 PM 1:35

DOCUMENT # **K05927** (4)

1. Corporation Name  
**PULMONARY CARE ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**% KTG & S REGISTERED AGENT CORP.**  
**1401 BRICKELL AVE 700**  
**MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **3129 W. Hall Bch Blvd107** 26 **3129W. HallBch Blvd107**  
State, Apt. #, etc. State, Apt. #, etc.  
22 **Pembroke Park Fl 33009** 27 **Pembroke Park Fl33009**  
City & State City & State  
23 Zip 28 Zip  
24 **33009** 25 **U.S.A.** 29 **33009** 30 **U.S.A.**

3. Date Incorporated or Qualified **12/09/1987** 3a. Date of Last Report **02/28/1994**  
4. FEI Number **65-0026221** 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

9. Name and Address of Current Registered Agent  
**KTG & S REGISTERED AGENT CORP.**  
**1401 BRICKELL AVE**  
**#700**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent  
81 Name **DAVID M. SILVER**  
82 Street Address (P.O. Box Number is Not Acceptable) **3129 W. Hallandale Bch Blvd**  
83 **#107**  
84 City **Pembroke Park** FL 85 Zip Code **33009**

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: *David M. Silver* 3/7/95

12. OFFICERS AND DIRECTORS

11.1 TITLE	<b>PD</b>
11.2 NAME	<b>SILVER, DAVID M.</b>
11.3 STREET ADDRESS	<b>3600 YACHT CLUB DR., #1402</b>
11.4 CITY, ST, ZIP	<b>AVENTURA FL</b>
11.5 TITLE	<b>SD</b>
11.6 NAME	<b>SNYDER, ROB</b>
11.7 STREET ADDRESS	<b>633 NE 167TH ST</b>
11.8 CITY, ST, ZIP	<b>N. MIAMI BCH. FL</b>
11.9 TITLE	
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	
11.13 TITLE	
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(3)(b), 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 each director certifies that I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 as a change, or on an attachment with an address.

SIGNATURE: *David M. Silver* **DAVID M. SILVER** 3/7/95 305-966-6730