

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K40172

FILED
Mar 09, 2009
Secretary of State

Entity Name: SOUTH FLORIDA PULMONARY & CRITICAL CARE ASSOCIATES, P.A.

Current Principal Place of Business:

3181 CORAL WAY
2ND FLOOR
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2000 S. BISCAYNE BLVD.
SUITE #3900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0081041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUERBACH, MARCH ESQ.
200 S. BISCAYNE BLVD.
SUITE #3900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

AUERBACH, MARC H ESQ.
200 S. BISCAYNE BLVD.
SUITE #3900
MIAMI, FL 33131 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: MARC H. AUERBACH

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANCHEZ-MASQUES, JO, RGE
Address: 3181 CORAL WAY, 2ND FLOOR
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: REDONDO, ANDRES A.,
Address: 3181 CORAL WAY, 2ND FLOOR
City-St-Zip: MIAMI, FL 33145

Title: S () Delete
Name: SANCHEZ, DILIAN
Address: 3181 COURTWAY, 2ND FLOOR
City-St-Zip: MIAMI, FL 33145

Title: T () Delete
Name: REDONDO, MARIA
Address: 3181 CORAL WAY, 2ND FLOOR
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: SANCHEZ-MASQUES, JO, RGE
Address: 3181 CORAL WAY, 2ND FLOOR
City-St-Zip: MIAMI, FL 33145

Title: D/V/P (X) Change () Addition
Name: REDONDO, ANDRES A.,
Address: 3181 CORAL WAY, 2ND FLOOR
City-St-Zip: MIAMI, FL 33145

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: DILIAN SANCHEZ

S

03/09/2009

Electronic Signature of Signing Officer or Director

Date