

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K40172

FILED  
Apr 10, 2012  
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:**

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

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: SANCHEZ-MASQUES, JORGE  
Address: 3181 CORAL WAY, 2ND FLOOR  
City-St-Zip: MIAMI, FL 33145

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARIA REDONDO

T

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date