


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 08:00 AM
Secretary of State

DOCUMENT # K97469
 1. Entity Name
ASSOCIATES OF PULMONARY AND CRITICAL CARE MEDICINE, P.A.



Principal Place of Business Mailing Address
 60 WEST COLUMBIA ST., SUITE F P O BOX 560364
 ORLANDO, FL 32806 ORLANDO, FL 32856 US



06022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2892305 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 VARRAUX, ALAN R
 6139 GREATWATER DRIVE
 WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VARRAUX, ALAN R
STREET ADDRESS	6139 GREATWATER DRIVE
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000363518
 06/13/05-80001-011 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Varraux 6/9/05 407-841-0084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #