

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97469

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** ASSOCIATES OF PULMONARY AND CRITICAL CARE MEDICINE, P.A.

**Current Principal Place of Business:**

60 WEST COLUMBIA ST., SUITE F  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 560364  
ORLANDO, FL 32856 US

**New Mailing Address:**

FEI Number: 59-2892305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VARRAUX, ALAN R  
6139 GREATWATER DRIVE  
WINDERMERE, FL 34786 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: P  
Name: VARRAUX, ALAN R  
Address: 6139 GREATWATER DRIVE  
City-St-Zip: WINDERMERE, FL 34786

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: ALAN R. VARRAUX

PRES

04/14/2010

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

\_\_\_\_\_ Date