

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L37379

FILED
Dec 20, 2004
Secretary of State

Entity Name: TAMPA BAY PULMONARY ASSOCIATES, P.A.

Current Principal Place of Business:

2810 WEST WATERS AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

2810 WEST WATERS AVENUE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 65-0173173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MODH, ASHOK K
2810 W WATERS AVE
TAMPA, FL 33614 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MODH, ASHOK K MD,
Address: 2810 W WATERS AVE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: MANDALIYA, NAISHADH MD
Address: 2810 W. WATERS AVE.
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR () Change (X) Addition
Name: CARDONA, JERGES J MD
Address: 2810 WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ASHOK K. MODH, MD

DR

12/20/2004

Electronic Signature of Signing Officer or Director

Date