2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# L37379

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
2810 W WATERS AVENUE
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MODH, ASHOK MD
Address: 2810 W WATERS AVE
City-St-Zip: TAMPA, FL 33614

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

Title: D ( ) Delete
Name: CARDONA, JERGES J MD
Address: 2810 WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: PATEL, NIRAV MD
Address: 2810 W. WATERS AVE.
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ASHOK MODH MGR 04/02/2009

Electronic Signature of Signing Officer or Director — Date