

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000015390

1. Entity Name
 JOEL FRANKEL, M.D., PULMONARY ASSOCIATES, P.A.



Principal Place of Business
 2951 NW 49TH AVE
 FT LAUDERDALE, FL 33313

Mailing Address
 2951 NW 49TH AVE
 FT LAUDERDALE, FL 33313



01122005 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0376601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, BRIAN
 2333 PONCE DE LEON BOULEVARD
 SUITE 303
 CORAL GABLES, FL 33134-0000

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANKEL, JOEL
STREET ADDRESS	2951 NW 49TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # 954-486-1250