

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000015390

**FILED**  
**May 01, 2007**  
**Secretary of State**

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

**Current Principal Place of Business:**

2951 NW 49TH AVE  
FT LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

2951 NW 49TH AVE  
FT LAUDERDALE, FL 33313

**New Mailing Address:**

**FEI Number:** 65-0376601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, BRIAN  
2333 PONCE DE LEON BOULEVARD  
SUITE 303  
CORAL GABLES, FL 331340000 US

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

HART, BRIAN  
255 ALHAMBRA CIRCLE  
SUITE 850  
CORAL GABLES, FL 33134 US

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

05/01/2007

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: FRANKEL, JOEL  
Address: 2951 NW 49TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOEL FRANKEL, M.D.

Electronic Signature of Signing Officer or Director

P

05/01/2007

Date