

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000015390

FILED
Feb 24, 2009
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:

2951 NW 49TH AVE
202
FT LAUDERDALE, FL 33313

Current Mailing Address:

2951 NW 49TH AVE
FT LAUDERDALE, FL 33313

New Mailing Address:

2951 NW 49TH AVE
202
FT LAUDERDALE, FL 33313

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
255 ALHAMBRA CIRCLE
SUITE 850
CORAL GABLES, FL 33134 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: FRANKEL, JOEL
Address: 2951 NW 49TH AVE
City-St-Zip: FT LAUDERDALE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: FRANKEL, JOEL
Address: 2951 NW 49TH AVE # 202
City-St-Zip: FT LAUDERDALE, FL 33313

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: J.F.M.D.

P/D

02/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date