

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000015390

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2951 NW 49TH AVE  
202  
FT LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

2951 NW 49TH AVE  
202  
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  
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/P  
Name: FRANKEL, JOEL  
Address: 2951 NW 49TH AVE # 202  
City-St-Zip: FT LAUDERDALE, FL 33313

I hereby 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 all other like empowered.

SIGNATURE: JOEL FRANKEL

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

D/P

02/24/2010

\_\_\_\_\_ Date