

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000043088

FILED
Oct 09, 2006
Secretary of State

Entity Name: PULMONARY MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

100 W. GORE STREET
SUITE 206
ORLANDO, FL 32806

New Principal Place of Business:

308 E. HAZEL ST
ORLANDO, FL 32804

Current Mailing Address:

100 W. GORE STREET
SUITE 206
ORLANDO, FL 32806

New Mailing Address:

308 E. HAZEL ST
ORLANDO, FL 32804

FEI Number: 59-2913547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLICK, JAMES J
112 LAKE AVENUE
ORLANDO, FL 32801 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: JAMES J. FLICK

Electronic Signature of Registered Agent

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: PSTD () Delete
Name: HERNANDEZ, JORGE L
Address: 100 W. GORE STREET, SUITE 206
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HERNANDEZ, JORGE L
Address: 308 E HAZEL ST
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE L. HERNANDEZ, M.D.

PSTD

10/09/2006

Electronic Signature of Signing Officer or Director

Date