2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# S22918

Entity Name: PULMONARY ASSOCIATES OF PEMBROKE PINES, INC.

Current Principal Place of Business:

8660 W. FLAGLER ST.
#200
MIAMI, FL 33144

New Principal Place of Business:

8660 W. FLAGLER ST.
#200
MIAMI, FL 33144 US

Current Mailing Address:

8660 W. FLAGLER ST.
#200
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 65-0233424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEITMAN, LORN
8660 W. FLAGLER ST.
#200
MIAMI, FL 33144 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: BERUSHOK, ROBERT, M., D.
Address: 2100 E HALLNDLE BCH BLVD
City-St-Zip: HALLANDALE, FL

Title: D ( ) Delete
Name: MAHARAJH, RAMCHANDRA, , MD
Address: 7071 TAFT ST
City-St-Zip: HOLLYWOOD, FL

Title: D ( ) Delete
Name: COPLOWITZ, JOEL, M.D, .
Address: 2420 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL

Title: D ( ) Delete
Name: LEITMAN, LORN
Address: 8660 W. FLAGLER ST. #200
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: COPLOWITZ, JOEL, M.D, .
Address: 2420 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33124

Title: D (X) Change ( ) Addition
Name: LEITMAN, LORN
Address: 8660 W. FLAGLER ST. #200
City-St-Zip: MIAMI, FL 33144

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: LORN LEITMAN D 03/05/2009

Electronic Signature of Signing Officer or Director Date