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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V21611

1. Corporation Name PULMONARY & DRUGS ASSOCIATES, INC

Principal Place of Business 10790 SW 24TH ST MIAMI FL 33165 US

Mailing Address 10790 SW 24TH ST MIAMI FL 33165 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1992

4. FEI Number 65-0320853 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURAN, ALFREDO G. MUSEUM TOWER, SUITE 2200 150 WEST FLAGLER STREET MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE POST NAME NESPHEREIRA, CLARA STREET ADDRESS 5383 N.W. 36TH STREET CITY-ST-ZIP MIAMI FL

1.1 TITLE Vice-Pres/Dir 1.2 NAME Jacqueline Hevia 1.3 STREET ADDRESS 10790 Coral Way 1.4 CITY-ST-ZIP Miami, Florida 33165

TITLE POST NAME NESPHEREIRA, CLARA STREET ADDRESS 12645 SW 43RD ST CITY-ST-ZIP MIAMI FL 33175

2.1 TITLE Vice-Sec/Dir 2.2 NAME Jorge Garcia Nespereira 2.3 STREET ADDRESS 10790 Coral Way 2.4 CITY-ST-ZIP Miami, Florida 33165

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLARA NESPHEREIRA

3-1-99 - 305-225 8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)