

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

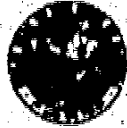
**APPROVED AND FILED**

95 APR 24 AM 7:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # P94000001402 (4)**

1. Corporation Name

**PULMONARY PROFESSIONAL ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

3001 N.W. 40 AVENUE  
#307  
LAUDERDALE LAKES FL 33313

3001 N.W. 40 AVENUE  
#307  
LAUDERDALE LAKES FL 33313

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/28/1993

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

2a. Mailing Address

4. FBI Number

65-0459711

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 has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EISENSMITH, JEFFREY  
1 FINANCIAL PLAZA  
SUITE 1610  
FT. LAUDERDALE FL 33394

61 Name

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

63

64 City

FL

65

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
BRUMER, MARSHALL J  
1871 N.E. 65 COURT  
FT. LAUDERDALE FL 33308

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

*M. Brumer* 04/18/95

TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Official Use Only