

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060404

FILED
Mar 26, 2009
Secretary of State

Entity Name: GULFCOAST PULMONARY ASSOCIATES, P.A.

Current Principal Place of Business:

5341 GRAND BOULEVARD
BLDG 1, STE 105
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

4746 ROWAN ROAD
NEW PORT RICHEY, FL 34653

Current Mailing Address:

5341 GRAND BOULEVARD
BLDG 1, STE 105
NEW PORT RICHEY, FL 34652

New Mailing Address:

4746 ROWAN ROAD
NEW PORT RICHEY, FL 34653

FEI Number: 59-3482784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOORANI, FARIDA A
5341 GRAND BOULEVARD
BLDG 1, STE 105
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

NOORANI, FARIDA A
4746 ROWAN ROAD
NEW PORT RICHEY, FL 34653 US

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:

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: NOORANI, AMIR A
Address: 5341 GRAND BLVD- BLDG 1, STE 105
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S () Delete
Name: AKRAM, ZAHID
Address: 5341 GRAND BLVD, BLDG 1, STE 105
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: NOORANI, AMIR A
Address: 4746 ROWAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S (X) Change () Addition
Name: AKRAM, ZAHID
Address: 4746 ROWAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

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: ANOORANI

PVT

03/26/2009

Electronic Signature of Signing Officer or Director

Date