

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544453

Entity Name: CENTRAL FLORIDA PULMONARY GROUP, P.A.

Current Principal Place of Business:

1115 E RIDGEWOOD ST
ORLANDO, FL 32803

Current Mailing Address:

1109 EAST RIDGEWOOD STREET
ORLANDO, FL 32803-5734 US

FEI Number: 59-1760017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAIM, YITZHAK DANIEL
326 N. MILLS AVE.
ORLANDO, FL 32803 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name CALIMANO, FRANCISCO J M.D.
Address 326 N MILLS AVE
City-State-Zip: ORLANDO FL 32803

Title VD
Name REMY, FRANCISCO J M.D.
Address 326 N MILLS AVE
City-State-Zip: ORLANDO FL 32803

Title VD
Name MASOOD, AHMED M.D.
Address 326 N MILLS AVE
City-State-Zip: ORLANDO FL 32803

Title PD
Name HAIM, YITZHAK DANIEL M.D.
Address 326 N MILLS AVE
City-State-Zip: ORLANDO FL 32803

Title VSTD
Name LAYISH, DANIEL T M.D.
Address 326 N MILLS AVE
City-State-Zip: ORLANDO FL 32803

Title VD
Name GO, EUGENE M.D.
Address 326 N MILLS AVE
City-State-Zip: ORLANDO FL 32803

Title VD
Name MOBIN, SYED M.D.
Address 326 N. MILLS AVE.
City-State-Zip: ORLANDO FL 32803

Title VD
Name ALI, MAHMOOD M.D.
Address 326 N. MILLS AVE.
City-State-Zip: ORLANDO FL 32803

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: HAIM , YITZHAK DANIEL

PD

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VD
Name VU, NGUYEN-STEVE D. M.D.
Address 326 N. MILLS AVE.
City-State-Zip: ORLANDO FL 32803

Title VD
Name QURESHI, TABARAK M.D.
Address 326 N. MILLS AVE.
City-State-Zip: ORLANDO FL 32803

Title VD
Name GARCIA, RUEL M.D.
Address 326 N. MILLS AVE.
City-State-Zip: ORLANDO FL 32803

Title VD
Name DEBOER, KEVIN D.O.
Address 326 N. MILLS AVE.
City-State-Zip: ORLANDO FL 32803