

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544453

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

Current Principal Place of Business:

1115 E. RIDGEWOOD STREET
ORLANDO, FL 32803

Current Mailing Address:

326 N. MILLS AVENUE
ORLANDO, FL 32803 US

FEI Number: 59-1760017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAIM, DANIEL M.D.
326 N. MILLS AVENUE
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: DANIEL HAIM, M.D.

02/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

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

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

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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: DANIEL HAIM, M.D.

PRESIDENT

02/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VPD
Name SANTOS, ROBERTO M.D.
Address 326 N. MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title VPD
Name LU, ERICK D.O.
Address 326 N. MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

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

Title VPD
Name CHOHAN, HADI M.D.
Address 326 N. MILLS AVENUE
City-State-Zip: ORLANDO FL 32803