

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000015390

**Entity Name:** JOEL FRANKEL, M.D., PULMONARY ASSOCIATES, P.A.

**Current Principal Place of Business:**

2951 NW 49TH AVE  
202  
FT LAUDERDALE, FL 33313

**Current Mailing Address:**

2951 NW 49TH AVE  
202  
FT LAUDERDALE, FL 33313

**FEI Number:** 65-0376601

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HART, BRIAN  
799 BRICKELL PLAZA  
SUITE 900  
MIAMI, FL 33131 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            D/P  
Name            FRANKEL, JOEL  
Address        2951 NW 49TH AVE # 202  
City-State-Zip: FT LAUDERDALE FL 33313

*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:** JOEL FRANKEL

**PRESIDENT**

**01/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date