

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000043088

**Entity Name:** PULMONARY MEDICINE ASSOCIATES, P.A.

**Current Principal Place of Business:**

1400 S ORLANDO AVE  
SUITE 305  
WINTER PARK, FL 32789

**Current Mailing Address:**

1400 S ORLANDO AVE  
SUITE 305  
WINTER PARK, FL 32789 US

**FEI Number:** 59-3508768

**Certificate of Status Desired:** No

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

FLICK, JAMES J  
112 LAKE AVENUE  
ORLANDO, FL 32801 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 PSTD  
Name HERNANDEZ, JORGE L  
Address 1400 S ORLANDO AVE STE 101  
City-State-Zip: WINTER PARK FL 32789

*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:** JORGE L. HERNANDEZ, M.D.

**PHYSICIAN/OWNER**

**01/20/2014**

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

\_\_\_\_\_  
Date