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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 495051

1. Corporation Name
PULMONARY GROUP OF SOUTH FLORIDA, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7000 S.W. 62ND AVE.
SUITE 201
SOUTH MIAMI FL 33143
US

Mailing Address
7000 S.W. 62ND AVE.
SUITE 201
SOUTH MIAMI FL 33143
US

3. Date Incorporated or Qualified
04/20/1976

4. FEI Number
59-1664154

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

BREIER, ROBERT G
1320 SOUTH DIXIE HWY SUITE 830
CORAL GABLES, FLORIDA
33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME GIDEL, LOUIS T
STREET ADDRESS 7000 SW 62ND AVE SUITE 201
CITY-ST-ZIP SOUTH MIAMI FL

1.1 TITLE VP
1.2 NAME MARK J. HAUSER
1.3 STREET ADDRESS 7000 SW. 62ND AVE SUITE 201
1.4 CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE PRES
NAME PARKER, R LATANAE
STREET ADDRESS 7000 SW 62ND AVE. SUITE 201
CITY-ST-ZIP SOUTH MIAMI FL

2.1 TITLE VP
2.2 NAME JEREMY I TABAK
2.3 STREET ADDRESS 7009 SW 62nd Ave Suite 201
2.4 CITY-ST-ZIP South Miami FL 33143

TITLE SECT
NAME PETUSEVSKY, MITCHELL L.
STREET ADDRESS 7000 SW 62ND AVE. SUITE 201
CITY-ST-ZIP SOUTH MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/99

305-661-9404

Date

Daytime Phone #

CR2E034 (1/1/98)