2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90016 037 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # 495051

1. Entity Name

PULMONARY GROUP OF SOUTH FLORIDA, P.A.

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1664154 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BREIER, ROBERT G
2800 PONCE DE LEON BLVD
CORAL GABLES FL 33134-6912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	☒ Delete
NAME	HAUSER, MARK J	
STREET ADDRESS	7000 SW 62ND AVE SUITE 201	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	VP	☐ Delete
NAME	TABAK, JEREMY I	
STREET ADDRESS	7000 SW 62ND AVE. SUITE 201	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	P	☐ Delete
NAME	PARKER, R. LATANAE	
STREET ADDRESS	7000 SW 62ND AVE. SUITE 201	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	VP	☐ Delete
NAME	GIDEL, LOUIS T	
STREET ADDRESS	7000 SW 62ND AVE. SUITE 201	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	VP	☐ Delete
NAME	Perez-Fernandez Javier	
STREET ADDRESS	7000 SW 62ND Ave! Suite 201	
CITY-ST-ZIP	South Miami FL 33143	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Latanae Parker Jan 20 2004 305 661 9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #