2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# 495051

Entity Name: PULMONARY GROUP OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1664154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREIER, ROBERT G
2800 PONCE DE LEON BLVD
CORAL GABLES, FL 331346912 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: PEREZ-FERNADEZ, JAVIER
Address: 7000 SW 62ND AVE SUITE 201
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VP ( ) Delete
Name: TABAK, JEREMY I
Address: 7000 SW 62ND AVE. SUITE 201
City-St-Zip: SOUTH MIAMI, FL 33143

Title: P ( ) Delete
Name: PARKER, R. LATANAE
Address: 7000 SW 62ND AVE. SUITE 201
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VP ( ) Delete
Name: GIDEL, LOUIS T
Address: 7000 SW 62ND AVE. SUITE 201
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HEATHER TATE BOLDT OM 06/29/2005

Electronic Signature of Signing Officer or Director Date