

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 495051

FILED  
Apr 25, 2007  
Secretary of State

**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

**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 exemption stated in Chapter 119, 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: R. LATANAE PARKER

P

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date