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FILI	E NOW: FILING	FEE AFTER M	AY 1ST IS	\$550.00				
	PROFIT RPORATION		FLORIDA DEPAR Katheri n	of State		, ** !	TTO	
ANN	JAL REPORT 1999		Secretary DIVISION OF C			os ree - 1 (1112: 5:1		
DOCUMENT # 539605								WE WA
PULMONARY MEDICINE ASSOCIATES, P.A., BRUCE M. YE RGIN, M.D.								
Principal Place of Business Mailing Address							FB 146 - \$1111 WB 146 - \$111	TIBLE BYDEL BIBLE BIBLE BIBLE BIBLE BADE
3627 UNIVERSITY BLVD. SOUTH SUITE 300 SUITE 300 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216					l	DO	NOT WRITE IN	THIS SPACE
			3. Date Incorporated o 08/01/1977	r Qualifed				
21	Place of Business	26	ng Address			4. FEI Number 59-1749210		Applied For Not Applicable
Suite, Apt 22 City & Sta		27	, Apt. #, etc.			5. Certificate of Status		\$8.75 Additional Fee Required
Zip	Country	28 Zip	& State	Country		6. Election Campaign I Trust Fund Contribu	ition L. !	\$5.00 May Be Added to Fees
24	25	29 29 of Current Registered	Agent	-···		 This corporation own Personal Property 1 Name and Address 	ах	[]Yes []No
VED	GIN, BRUCE M., M.D.			81 Name		191		
	UNIVERSITY BLVD. SC	UTH		82 Street	Address	s (P.O. Box Number is N	lot Acceptable)	
SUITE 300 JACKSONVILLE FL 32216								
JAOI	NOONVILLE PL 32216			84 City				FL 85 Zip Code
11. Pursuant office or agent. I a	to the provisions of Section registered agent, or both, in arn familiar with, and accept	ns 607.0502 and 607.150 the State of Florida. Suc the obligations of, Section	8, Florida Statutes h change was aut in 607.0505, Florid	the above-named horized by the corporate Statutes.	corpora oration's	tion submits this statement board of directors. The	ent for the purpos reby accept the a	se of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of	registance exert and it of exclusive	do AlOTE P	legistered Agent signature r	ina in a nai	ing reserva	DAT.	
12.		ICERS AND DIRECTOR		13.	160 med #/			S AND DIRECTORS IN 12
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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 suppliemental 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 organ attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE KNO TYPEO OR PRINTED NAME CALCIUM OF ICER OR DIRECTOR

10.10

11. 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 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 organ attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE XNO TYPEO OR PRINTED NAME CALCIUM OF ICER OR DIRECTOR

63 STREET ADDRESS

STREET ADDRESS