

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 539605

1. Corporation Name

PULMONARY MEDICINE ASSOCIATES, P.A., BRUCE M. YERGIN, M.D.

Principal Place of Business

3627 UNIVERSITY BLVD. SOUTH
SUITE 300
JACKSONVILLE FL 32216

Mailing Address

3627 UNIVERSITY BLVD. SOUTH
SUITE 300
JACKSONVILLE FL 32216

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

YERGIN, BRUCE M., M.D.
3627 UNIVERSITY BLVD. SOUTH
SUITE 300
JACKSONVILLE FL 32216

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

TITLE [] DELETE

NAME YERGIN, BRUCE M., M.D.

STREET ADDRESS 3627 UNIV. BLVD. S 300

CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce M. Yergin, M.D.

Jan. 29, 1999 (904) 396-0300

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CR2E034 (11/98)