

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 539605		
1. Entity Name YERGIN PULMONARY CLINIC, P.A.		
Principal Place of Business 3627 UNIVERSITY BLVD. SOUTH SUITE 300 JACKSONVILLE, FL 32216		Mailing Address 3627 UNIVERSITY BLVD. SOUTH SUITE 300 JACKSONVILLE, FL 32216
DO NOT WRITE IN THIS SPACE		
		 01062004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-1749210		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
YERGIN, BRUCE M., M.D. 3627 UNIVERSITY BLVD. SOUTH SUITE 300 JACKSONVILLE, FL 32216		DO NOT WRITE IN THIS SPACE
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		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPTS YERGIN, BRUCE M., M.D. 3627 UNIV. BLVD. S 300 JACKSONVILLE, FL 32216	
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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: <i>Bruce M. Yergin</i> Bruce M. Yergin, MD		Date 3/19/04 (904) 396-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #