

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 544453 (4)

1. Corporation Name

CENTRAL FLORIDA PULMONARY GROUP, P.A.



Principal Place of Business

326 N MILLS AVE
ORLANDO FL 39901-0020
US

Mailing Address

326 N. MILLS AVE.
ORLANDO FL 32803-5734
US

3. Date Incorporated or Qualified

09/02/1977

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1760017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT D. BAST
326 N. MILLS AVE.
ORLANDO FL 32803

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
DECKER, BARRY J.
STREET ADDRESS
326 MILLS AVE
CITY-STATE-ZIP
ORLANDO FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

VP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
HERRAN, JUAN J.
STREET ADDRESS
326 N MILLS AVE
CITY-STATE-ZIP
ORLANDO FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

S ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
ALDARONDO, SIGFREDO
STREET ADDRESS
326 N MILLS AVE
CITY-STATE-ZIP
ORLANDO FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

P ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
BAST, ROBERT D
STREET ADDRESS
326 N MILLS AVE
CITY-STATE-ZIP
ORLANDO FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

V ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
TEJEDOR, RICHARD S
STREET ADDRESS
326 N MILLS AVE
CITY-STATE-ZIP
ORLANDO FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)