

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **544453**

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90144 028 ***150.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1977

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 owes the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE
NAME **HERRAN, JUAN J.**
STREET ADDRESS **326 N MILLS AVE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **Executive Vice President** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **ALDARONDO, SIGFREDO**
STREET ADDRESS **326 N MILLS AVE**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **BAST, ROBERT D**
STREET ADDRESS **326 N MILLS AVE**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **Secretary** ☐ Change ☒ Addition
4.2 NAME **Kubiet, Martin A.**
4.3 STREET ADDRESS **326 N. Mills Avenue**
4.4 CITY-ST-ZIP **Orlando, Fl. 32803**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **Treasurer** ☐ Change ☒ Addition
5.2 NAME **Haim, Yitzitak, D.**
5.3 STREET ADDRESS **326 N. Mills Avenue**
5.4 CITY-ST-ZIP **Orlando, Fl. 32803**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE:

SIGNATURE REQUIRED

July 9, 1999

CR2E034 (5/99)