

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90293 030 \*\*\*158.75

**DOCUMENT # 544453**

1. Entity Name  
**CENTRAL FLORIDA PULMONARY GROUP, P.A.**



Principal Place of Business  
**326 N MILLS AVE  
ORLANDO, FL 32803 US**

Mailing Address  
**326 N. MILLS AVE.  
ORLANDO, FL 32803-5734 US**



04272006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1760017**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**YITZHAK, DANIEL  
326 N. MILLS AVE.  
ORLANDO, FL 32803**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	CALIMANO, FRANCISCO J	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REMY, FRANCISCO J	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MASOOD, AHMED	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	YITZHAK, DANIEL HAIM	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAYISN, DANIEL T	
STREET ADDRESS	326 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARIOSTO E. Rosado	
STREET ADDRESS	326 N m. 115 Ave	
CITY-ST-ZIP	Orlando FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **Y. Daniel Haim**

**4/27/06**

**4078411100**