

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 # **560989** ✓  
1. Corporation Name  
**PULMONARY DISEASE ASSOCIATES, P.A.**

Principal Place of Business  
**3620 BROADWAY  
FORT MYERS FL 33901**

Mailing Address  
**3620 BROADWAY  
FORT MYERS FL 33901**

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90013 050 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>3594 BROADWAY</b>		26 <b>3594 BROADWAY</b>		<b>03/01/1978</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>SUITE D</b>		27 <b>SUITE D</b>		<b>59-1801116</b>	
City & State		City & State		Applied For	
23 <b>FORTMYERS FL</b>		28 <b>FORTMYERS FL</b>		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 <b>33901</b>		25 <b>USA</b>		<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
29 <b>33901</b>		30 <b>USA</b>		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DOSANI, RAZAK A.M.D.**  
**3620 BROADWAY**  
**FT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name	<b>DOSANI, RAZAK A M.D.</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3594 BROADWAY</b>		
83	<b>SUITE D</b>		
84 City	<b>FORTMYERS</b>	85	Zip Code <b>33901</b>

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 **RAZAK A. DOSANI** **8/31/99**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RASHID, MD MOHAMMAD A</b>	1.2 NAME	
STREET ADDRESS	<b>3620 BROADWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOSANI, RAZAK A.</b>	2.2 NAME	<b>P</b>
STREET ADDRESS	<b>3620 BROADWAY</b>	2.3 STREET ADDRESS	<b>DOSANI, RAZAK A</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	<b>3594 BROADWAY, SUITE D</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEROZ, ABUSAYEED M.M.D.</b>	3.2 NAME	<b>FEROZ, ABUSAYEED M.M.D.</b>
STREET ADDRESS	<b>3620 BROADWAY</b>	3.3 STREET ADDRESS	<b>3594 BROADWAY, SUITE D</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	3.4 CITY-ST-ZIP	<b>FORTMYERS FL 33901</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **RAZAK A. DOSANI** **8/31/99** **941-274-8500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

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