

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 560989

FILED
Feb 13, 2012
Secretary of State

Entity Name: PULMONARY DISEASE ASSOCIATES, P.A.

Current Principal Place of Business:

3620 BROADWAY
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3620 BROADWAY
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 59-1801116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: DOSANI, RAZAK A M.D.
Address: 3620 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

Title: VPD
Name: FERROZ, ABUSAYEED M M.D.
Address: 3620 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAZAK DOSANI

D

02/13/2012

Electronic Signature of Signing Officer or Director

Date