

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

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # 611367 (4)

50 MAY -1 PM 10:18

PULMONARY ASSOCIATES OF STUART, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1100 E OCEAN BLVD
STUART FL 34996

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STUART FL 34996

2	2a	3	3a
21	26	03/01/1979	01/25/1994
22	27	59-1884842	
23	28		\$8.75 Additional Fee Required
24	29		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, M LANNING
1000 S. FEDERAL HWY.
STUART FL 34994

81	Name
82	Street & Address (if Box, include Box & Zip Code)
83	
84	City
85	State

FL

11. The undersigned hereby certifies that the above named corporation is duly organized under the laws of the State of Florida, and that the undersigned is duly qualified to act as its registered agent, and that the undersigned is duly qualified to act as its registered agent, and that the undersigned is duly qualified to act as its registered agent.

12. The undersigned hereby certifies that the above named corporation is duly organized under the laws of the State of Florida, and that the undersigned is duly qualified to act as its registered agent, and that the undersigned is duly qualified to act as its registered agent, and that the undersigned is duly qualified to act as its registered agent.

12.	PSD SWEET, MICHAEL E 1520 N.W. FORK ROAD STUART FL D ROBBINS, HOWARD M 2322 BAY COLONY COURT STUART FL T SWEET, MICHAEL E 1520 N.W. FORK ROAD STUART FL	13.	ADD. FEE, CHANGE, ETC. (SEE INSTRUCTIONS) 19 S. Ridgeview Rd 34996 34994 19 S. Ridgeview Rd 34996
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14. I, the undersigned, hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the undersigned is duly qualified to act as its registered agent, and that the undersigned is duly qualified to act as its registered agent, and that the undersigned is duly qualified to act as its registered agent.

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Howard M. Robbins, M.D.

4/26/95 (407)283-4424