2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# 611367

Entity Name: PULMONARY & INTERNAL MEDICINE ASSOCIATES, INC.

Current Principal Place of Business:

1100 E.OCEAN BLVD.
STUART, FL 34996

New Principal Place of Business:

2221 S.E. OCEAN BLVD.
SUITE 100
STUART, FL 34996

Current Mailing Address:

2221 EAST OCEANIC BLVD.
STE. 100
STUART, FL 34996

New Mailing Address:

2221 S.E. OCEAN BLVD.
SUITE 100
STUART, FL 34996

FEI Number: 59-1884842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SWEET, MICHAEL E,
Address: 19 S. RIDGEVIEW RD
City-St-Zip: STUART, FL

Title: T ( ) Delete
Name: SWEET, MICHAEL E,
Address: 19 S. RIDGEVIEW RD
City-St-Zip: STUART, FL

Title: D ( ) Delete
Name: DERMARKARIAN, ROBERT
Address: 19 CASTLE HILL WAY
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL E. SWEET PSD 04/15/2004

Electronic Signature of Signing Officer or Director — Date