FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 643156 (3)

1. Corporation Name
ORANGE PULMONARY GROUP. P.A.

Principal Place of Business
2501 N ORANGE AVE #402
ORLANDO FL 32804

Mailing Address
2501 N. ORANGE AVE. 402
ORLANDO FL 32804
US

3. Date Incorporated or Qualified: 10/29/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1944349 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ESCANO, GERMAN M.D.
2501 N ORANGE AVE #402
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ________ DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	ESCANO, GERMAN
STREET ADDRESS	2501 N. ORANGE AVE.,#402
CITY, ST, ZIP	ORLANDO FL
TITLE	VD
NAME	GILLIARD, LAWRENCE
STREET ADDRESS	2501 N. ORANGE AVE.,#402
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY, ST, ZIP		☐ Change ☐ Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY, ST, ZIP		☐ Change ☐ Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY, ST, ZIP		☐ Change ☐ Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY, ST, ZIP		☐ Change ☐ Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY, ST, ZIP		☐ Change ☐ Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY, ST, ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

LAWRENCE Gilliard, M.D.

SIGNATURE: Lawrence M. Gilliard MD — 4-28-95 — 407-896-5940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068710 CP