

FILED
Feb 07, 2000 8:00 am
Secretary of State
 02-07-2000 90004 017 ***150.00

DOCUMENT # 675539

1. Entity Name
ASSOCIATES IN PULMONARY DISEASES, P.A.

808984



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE S.E. 3RD AVE 28 TH FLOOR MIAMI FL 33131 US	Mailing Address ONE S.E. 3RD AVE. 28TH FLOOR MIAMI FL 33131-1715 US
--	---

2. Principal Place of Business <i>4701 N. MERIDIAN AVE</i>	3. Mailing Address <i>same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MIAMI BEACH FL</i>	City & State	4. FEI Number 59-2000453	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33140</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAATTAMA, HENRY H., JR. ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL Zip Code
--	---	-------------

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLAMAS, DR ROBERTO	NAME	
STREET ADDRESS	4701 MERIDAN AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *July 25, 2000* DAYTIME PHONE #: *305 674-3125*

CR2E034 (9/99)