

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F99055

1. Entity Name

PULMONARY PHYSICIANS OF GAINESVILLE, P.A.



Principal Place of Business

4741 NW 8TH AVENUE
GAINESVILLE, FL 32605 US

Mailing Address

4741 NW 8TH AVENUE
GAINESVILLE, FL 32605 US



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2218698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYNNE, JAMES W., M.D.
4741 NW 8TH AVENUE
GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WYNNE, JAMES W MD
STREET ADDRESS 4741 NW 8TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE VD
NAME TONNER, JOSEPH A.
STREET ADDRESS 4741 NW 8TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE VD
NAME CAMACHO, JORGE
STREET ADDRESS 4741 NW 8TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE
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U00000258578
03/10/05-80045-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/05 (352)375-032
Date Signature Phone #