


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F99055 1. Entity Name PULMONARY PHYSICIANS OF GAINESVILLE, P.A.	
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Principal Place of Business 4741 NW 8TH AVENUE GAINESVILLE, FL 32605 US	Mailing Address 4741 NW 8TH AVENUE GAINESVILLE, FL 32605 US
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2218698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNNE, JAMES W MD 4741 NW 8TH AVENUE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TONNER, JOSEPH A. 4741 NW 8TH AVENUE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMACHO, JORGE 4741 NW 8TH AVENUE GAINESVILLE, FL 32605
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**DO NOT WRITE
IN THIS SPACE**

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03/03/06-80052-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** *Jorge R. Camacho, M.D.* **02/14/06** (352) 375-0302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #