


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
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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DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2218698	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WYNNE, JAMES W., M.D. 4741 NW 8TH AVENUE GAINESVILLE, FL 32605

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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03/18/08-80019-019 150.00

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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: Jorge R. Camacho, M.D. 02/26/08 (352) 375-0302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #