

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G37964

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: PASCO LUNG CENTER, INC.

**Current Principal Place of Business:**

5453 GULF DR #3  
NEW PORT RICHEY, FL 346520917

**New Principal Place of Business:**

**Current Mailing Address:**

5453 GULF DR #3  
NEW PORT RICHEY, FL 346520917

**New Mailing Address:**

FEI Number: 59-2286319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S ESQ.  
1245 COURT ST.  
SUITE 102  
CLEARWATER, FL 34616 US

**Name and Address of New Registered Agent:**

GULECAS, JAMES F ESQ.  
1968 BAYSHORE BLVD.  
DUNEDIN, FL 34698 US

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: JAMES GULECAS

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KUMAR, LOK A  
Address: 5453 GULF DR #3  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DS ( ) Delete  
Name: GUPTA, LALIT K  
Address: 5453 GULF DRIVE #3  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T ( ) Delete  
Name: SALIAN, NAGESH  
Address: 5453 GULF DRIVE #3  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALOK KUMAR

DP

04/26/2004

Electronic Signature of Signing Officer or Director

Date