

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G54471** (9)

1. Corporation Name  
**PENSACOLA LUNG GROUP, M.D.'S, P.A.**

Principal Place of Business <b>5149 N 9TH AVENUE SUITE 201 PENSACOLA FL 32503 US</b>	Mailing Address <b>5149 N 9TH AVENUE SUITE 201 PENSACOLA FL 32503 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/17/1983</b>	
21		26		4. FEI Number <b>59-2313481</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**MESSINA, FRANK V., M.D.  
5149 N 9TH AVENUE  
SUITE 201  
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>MESSINA, FRANK V M D</b>	
STREET ADDRESS	<b>5149 N 9TH AVE. #201</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, MICHAEL A., M.D.</b>	
STREET ADDRESS	<b>5149 N 9TH AVE. #201</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAY, JOHN M. M.D.</b>	
STREET ADDRESS	<b>5149 N 9TH AVENUE #201</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE <b>AS OF 4-1-98</b>
NAME	<b>MILLER, L. CRAIG M.D.</b>	
STREET ADDRESS	<b>5149 N 9TH AVENUE #201</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank V Messina MD Financial Officer* 3-17-98 850-477-9253

CR2E034 (10/97)