

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26905

FILED  
Feb 13, 2008  
Secretary of State

Entity Name: PULMONARY PRACTICE ASSOCIATES, M.D., P.A.

## Current Principal Place of Business:

C/O P TRAVIS SMITH  
1403 MEDICAL PLAZA DRIVE, SUITE 205  
SANFORD, FL 327711086 US

## Current Mailing Address:

C/O P TRAVIS SMITH  
1403 MEDICAL PLAZA DRIVE, SUITE 205  
SANFORD, FL 327711086 US

## New Principal Place of Business:

C/O P TRAVIS SMITH  
1075 TOWN CENTER DRIVE  
ORANGE CITY, FL 32763 US

## New Mailing Address:

C/O P TRAVIS SMITH  
1075 TOWN CENTER DRIVE  
ORANGE CITY, FL 32763 US

FEI Number: 59-2696419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, PAUL TRAVIS  
1403 MEDICAL PLAZA DRIVE  
SUITE 205  
SANFORD, FL 327711086 US

## Name and Address of New Registered Agent:

SMITH, PAUL TRAVIS  
1075 TOWN CENTER DRIVE  
ORANGE CITY, FL 32763 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:

02/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SMITH, PAUL TRAVIS,  
Address: 1403 MEDICAL PLAZA DRIVE  
City-St-Zip: SANFORD, FL 32771 US

Title: D ( ) Delete  
Name: SCANLON, EDWARD K  
Address: 1403 MEDICAL PLAZA DRIVE  
City-St-Zip: SANFORD, FL 32771 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SMITH, PAUL TRAVIS,  
Address: 1075 TOWN CENTER DRIVE  
City-St-Zip: ORANGE CITY, FL 32763 US

Title: D (X) Change ( ) Addition  
Name: SCANLON, EDWARD K  
Address: 1075 TOWN CENTER DRIVE  
City-St-Zip: ORANGE CITY, FL 32763 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: P TRAVIS SMITH

D

02/13/2008

Electronic Signature of Signing Officer or Director

Date