2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2011
Secretary of State

DOCUMENT# J26905

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
1075 TOWN CENTER DRIVE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: SMITH, PAUL TRAVIS
Address: 1075 TOWN CENTER DRIVE
City-St-Zip: ORANGE CITY, FL 32763 US

Title: SD
Name: SCANLON, EDWARD K
Address: 1075 TOWN CENTER DRIVE
City-St-Zip: ORANGE CITY, FL 32763 US

I hereby 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 all other like empowered.

SIGNATURE: PAUL TRAVIS SMITH MD 01/31/2011

Electronic Signature of Signing Officer or Director Date