2006 FOR PROFIT CORPORATION ANNUAI REPORT

FILED Mar 10, 2006 8:00 am Secretary of State

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| OOCUMENT # J36729 | |
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| . Entity Name | AXX. |

PULMONARY AND CRITICAL CARE ASSOCIATES, P.A. VUNSTORA Principal Place of Business Mailing Address **1893 KINGSLEY AVENUE** 1893 KINGSLEY AVENUE SUITE C SUITE C ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 59-2720234 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AKEL, EDWARD C. Street Address (P.O. Box Number is Not Acceptable) 1 INDEPENDENT OR SUITE 2301 JACKSONVILLE, FL 32202 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE ☐ Defete TITLE C Addition NAME MILLSTONE, STUART Z. NAME 1893 KINGSLEY AVE #C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE ROTHSTEIN, MITCHELL S 1893 KINGSLEY AVE. #C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK, FL TITLE ☐ Change ☐ Addition Antonio-Miranda Kingsley Avenue NAME NAME Switt C STREET ADDRESS STREET ADDRESS 32073 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 1.y end.01/10f CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06