


\$150

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # J36729 1. Entity Name PULMONARY AND CRITICAL CARE ASSOCIATES, P.A.	
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Principal Place of Business 1893 KINGSLEY AVENUE SUITE C ORANGE PARK, FL 32073	Mailing Address 1893 KINGSLEY AVENUE SUITE C ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2720234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AKEL, EDWARD C.
1 INDEPENDENT DR SUITE 2301
JACKSONVILLE, FL 32202

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

03/14/07-80041-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLSTONE, STUART Z. 1893 KINGSLEY AVE #C ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHSTEIN, MITCHELL S 1893 KINGSLEY AVE. #C ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATONIO-MIRANDA, MD, MARIA 1893 KINGSLEY AVE., STE C ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOSKEY, D.O, EUGENE H 1893 KINGSLEY AVE., STE. C ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZVRIETA, M.D., RICARDO F 1893 KINGLEY AVE. STE. C ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 reports 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 an address, with all other like empowered.

SIGNATURE:  _____ Date: 2-28-07 Daytime Phone #: 904/276-2044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR