2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # J36729

1. Entity Name

PULMONARY AND CRITICAL CARE ASSOCIATES, P.A.

Principal Place of Business

1893 KINGSLEY AVENUE

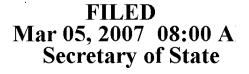
SUITE C ORANGE PARK, FL 32073 Mailing Address

1893 KINGSLEY AVENUE

SUITE C

DO NOT WRITE IN THIS SPACE

ORANGE PARK, FL 32073





02192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2720234

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

| | , | | The state of the s | IMIS SPACE |
|---------------------------------------|---|---|--|--|
| 8. The above the obligat | named entity submits this statement for the pions of registered agent. | ourpose of changing its registe | red office or registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | d applicable. (NOTE: Register | ed Agent signature required when reinstating) | U00000656518 |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution | · + | U3/14/07-80041-016 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | | |
| 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 | | | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | D MCCOSKEY, D.O, EUGENE H 1893 KINGSLEY AVE., STE. C ORANGE PARK, FL 32073 | | | THIS SPACE |
| TITLE | D | | | |

CITY-ST-ZIP this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information suppl indicated on this report or supplementa of the corporation or the receiver or trus-changed, or on an attachment with an a

SIGNATURE:

NAME

TITLE NAME STREET ADDRESS

STREET ADORESS CITY-ST-ZIP - ;

IZVRIETA, M.D., RICARDO F

1893 KINGLEY AVE. STE. C

ÖRANGE PARK, FL 32073