

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36729

FILED  
Mar 08, 2011  
Secretary of State

**Entity Name:** PULMONARY AND CRITICAL CARE ASSOCIATES, P.A.

**Current Principal Place of Business:**

1893 KINGSLEY AVENUE  
SUITE C  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

1893 KINGSLEY AVENUE  
SUITE C  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 59-2720234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AKEL, EDWARD C.  
1 INDEPENDENT DR SUITE 2301  
SUITE 2301  
JACKSONVILLE, FL 32202 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: PD  
Name: MILLSTONE, STUART Z MD  
Address: 1893 KINGSLEY AVE, SUITE C  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: ROTHSTEIN, MITCHELL S MD  
Address: 1893 KINGSLEY AVE., SUITE C  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: ANTONIO-MIRANDA, MD, MARIA MD  
Address: 1893 KINGSLEY AVE., SUITE C  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: MCCOSKEY, EUGENE H DO  
Address: 1893 KINGSLEY AVE., STE. C  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: IZURIETA, RICARDO F MD  
Address: 1893 KINGSLEY AVE., SUITE C  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: BHASKAR, HARISH MD  
Address: 1893 KINGSLEY AVENUE, SUITE C  
City-St-Zip: ORANGE PARK, FL 32073

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: STUART Z. MILLSTONE, MD

PD

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date