

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 KINGLEY AVE., SUITE C
City-St-Zip: ORANGE PARK, FL 32073

Title: D
Name: BHASKAR, HARISH MD
Address: 1893 KINGLSEY 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