

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # K40172 1. Entity Name SOUTH FLORIDA PULMONARY & CRITICAL CARE ASSOCIATES, P.A.					
Principal Place of Business 3181 CORAL WAY 2ND FLOOR MIAMI, FL 33145			Mailing Address MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., #2000 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02172006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0081041				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUERBACH, MARCH ESQ. 201 S. BISCAYNE BLVD. SUITE 2000 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ-MASQUES, JORGE 3181 CORAL WAY, 2ND FLOOR MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDONDO, ANDRES A. 3181 CORAL WAY, 2ND FLOOR MIAMI, FL 33145	☐ Delete	000000501711 04/25/06-80074-006 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	☐ Change ☐ Addition		
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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like empowered.					
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/6/06 305-567-1999 Date Daytime Phone #		