
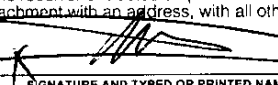


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90035 015 \*\*\*150.00

<b>DOCUMENT # K40172</b> 1. Entity Name <b>SOUTH FLORIDA PULMONARY &amp; CRITICAL CARE ASSOCIATES, P.A.</b>					
Principal Place of Business <b>3181 CORAL WAY 2ND FLOOR MIAMI, FL 33145</b>			Mailing Address <b>MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., #2000 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>65-0081041</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>AUERBACH, MARCH ESQ. 201 S. BISCAYNE BLVD. SUITE 2000 MIAMI, FL 33131</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIP</b> <b>SANCHEZ-MASQUES, JORGE</b> <input type="checkbox"/> Delete <b>3181 CORAL WAY, 2ND FLOOR</b> <b>MIAMI, FL 33145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIP</b> <b>REDONDO, ANDRES A.</b> <input type="checkbox"/> Delete <b>3181 CORAL WAY, 2ND FLOOR</b> <b>MIAMI, FL 33145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec <b>Dilian Sanchez</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3181 Coral Way, 2nd Floor</b> <b>Miami, FL 33145</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trea <b>Maria Redondo</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3181 Coral Way, 2nd Floor</b> <b>Miami, FL 33145</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or as an attachment with an address, with all other like empowered.					
<b>SIGNATURE</b> 			Date <b>3/8/07</b> Daytime Phone #		