

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K52062

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PEDIATRIC PULMONARY & ALLERGY ASSOCIATES, P.A.

## Current Principal Place of Business:

4101 S. HOSPITAL DR., SUITE #8  
PLANTATION, FL 33317

## New Principal Place of Business:

1 SW 129TH AVE  
# 308  
PEMBROKE PINES, FL 33027

## Current Mailing Address:

4101 S. HOSPITAL DR., SUITE #8  
PLANTATION, FL 33317

## New Mailing Address:

1 SW 129TH AVE  
# 308  
PEMBROKE PINES, FL 33027

FEI Number: 65-0098557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIRRIEL, JOSE A  
4101 S. HOSPITAL DR., SUITE #8  
PLANTATION, FL 33317 US

## Name and Address of New Registered Agent:

BIRRIEL, JOSE A  
1 SW 129TH AVE  
# 308  
PEMBROKE PINES, FL 33027 US

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: JOSE A BIRRIEL, MD

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BIRRIEL, JOSE A  
Address: 4101 S. HOSPITAL DR., SUITE #8  
City-St-Zip: PLANTATION, FL 33317

Title: TD ( ) Delete  
Name: VAZQUEZ-AGOSTO, SAMUEL  
Address: 4101 S. HOSPITAL DR., SUITE #8  
City-St-Zip: PLANTATION, FL 33317

Title: SD ( ) Delete  
Name: TALMACIU, ISAAC  
Address: 4101 S HOSPITAL DR SUITE #8  
City-St-Zip: PLANTATION, FL 33317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BIRRIEL, JOSE A  
Address: 1 SW 129TH AVE # 308  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD (X) Change ( ) Addition  
Name: VAZQUEZ-AGOSTO, SAMUEL  
Address: 1 SW 129TH AVE # 308  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD (X) Change ( ) Addition  
Name: TALMACIU, ISAAC  
Address: 1 SW 129TH AVENUE # 308  
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE A BIRRIEL, MD

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date