2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# K52062

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

Current Principal Place of Business:

1 SW 129TH AVE
308
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

1 SW 129TH AVE
308
PEMBROKE PINES, FL 33027

New Mailing Address:

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
1 SW 129TH AVE
308
PEMBROKE PINES, FL 33027 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 PD 04/22/2009

Electronic Signature of Signing Officer or Director — Date