FILED
Jan 20, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L06267

1. Entity Name
SUNCOAST LUNG CENTER, P.A.

Principal Place of Business	Mailing Address
% HOWARD DIENER 3920 BEE RIDGE RD, C.C. SARASOTA, FL 34233 US	% HOWARD DIENER 3920 BEE RIDGE RD, C.C. SARASOTA, FL 34233 US

2. Principal Place of Business	3. Mailing Address
Suncoast Lung Center	Suncoast Lung Center
Suite, Apt. #, etc.: 3920 BEE RIDGE RD, C.C.	Suite, Apt. #, etc.: 3920 BEE RIDGE RD, C.C.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34233 Country: SARASOTA	Zip: 34233 Country: SARASOTA

01052006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0135672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIENER, HOWARD
3920 BEE RIDGE ROAD
SARASOTA, FL 34233

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DIENER, HOWARD		NAME		
STREET ADDRESS	3920 BEE RIDGE ROAD, C.C.		STREET ADDRESS	U00000391610	
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP	01/24/06-80047-017 150.00	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SWISHER, JOHN		NAME		
STREET ADDRESS	3920 BEE RIDGE RD., C.C.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/5/06 (941)371-3140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #