Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90002 013 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L14675**

1. Corporation Name

PULMONARY MEDICINE CONSULTANTS, P.A.

Principal Place of Business	Mailing Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
101 BAY COLONY DR	101 BAY COLONY DR					
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 US				DO NOT WRITE IN THIS	SPACE	<u>:</u>
US	US			3. Date Incorporated or Qualified	01 7102	-
				09/06/1989		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
,	——————————————————————————————————————	•		65-0138368	_ <u> </u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.	75 Additional
	27			5. Certifcate of Status Desired		e Required
City & State	City & State *-	1 2	•	6. Election Campaign Financing	\$5	.00 May Be
23	28			Trust Fund Contribution		ded to Fees
Zip Country	Zip	Countr	у	8. This corporation owes the current year Int	angible	
24 25	_ <b>├</b> ─ `	30		Personal Property Tax.	Ŭ Yes	s □No
9. Name and Address of Curre		T		10. Name and Address of New Registered	Agent	
		8	Name			
MICHAELSON, EDWARD D. MD		82	2 Street Adds	ress (P.O. Box Number is Not Acceptable)		
5601 N. DIXIE HWY #404		84	Street Addi	ess (F.O. 80x Number is Not Acceptable)		
FT LAUDERDALE FL 33334		83	3			
·		L			Incl	Zin Codo
		84	City	FŁ	85	Zip Code
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation SIGNATURE	of Florida. Such change was a	uthorized by	y tne corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	ntment	as registered
	ALOTE	Desire and Ass	ant executives required	d when minetating) DATE		
Signature, typed or printed name of registered age		-	ent signature require		ID DIRE	CTORS IN 12
12. OFFICERS A	ND DIRECTORS	13.	ent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	
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12. OFFICERS AT TITLE D MICHAELSON, EDWARD D. M	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME				
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14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE KEUDITED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #