2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L14675

Entity Name: PULMONARY MEDICINE CONSULTANTS, P.A.

Current Principal Place of Business:

101 BAY COLONY DR
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

101 BAY COLONY DR
FT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 65-0138368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAELSON, EDWARD D. MD
5601 N. DIXIE HWY #404
FT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

MICHAELSON, EDWARD D. MD
5601 N. DIXIE HWY #417
FT LAUDERDALE, FL 33334 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: _____ 04/25/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MICHAELSON, EDWARD D, . MD
Address: 5601 N. DIXIE HWY.#404
City-St-Zip: FT LAUDERDALE, FL 33334

Title: D ( ) Delete
Name: JACOBS, STEPHEN F. M, D
Address: 5601 N. DIXIE HWY.#404
City-St-Zip: FT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MICHAELSON, EDWARD D, . MD
Address: 5601 N. DIXIE HWY.#417
City-St-Zip: FT LAUDERDALE, FL 33334

Title: D (X) Change ( ) Addition
Name: JACOBS, STEPHEN F. M, D
Address: 5601 N. DIXIE HWY.#417
City-St-Zip: FT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD D. MICHAELSON, M.D. DR. 04/25/2005
Electronic Signature of Signing Officer or Director — Date