2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# L18317

Entity Name: LUNG ASSOCIATES, P.A.

Current Principal Place of Business:

4002 ST RD 674
A
SUN CITY CTR, FL 33573 US

New Principal Place of Business:

Current Mailing Address:

6170 9TH AVE CT NE
BRADENTON, FL 34202 US

New Mailing Address:

FEI Number: 65-0151746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMPERTAPP, MOONASAR P.
6170 9TH AVE NE
BRADENTON, FL 34203 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: PS ( ) Delete
Name: RAMPERTAAP, MOONASAR, P.
Address: 6170 9TH AVE NE
City-St-Zip: BRADENTON, FL 34202

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: GHOBRIAL, VICTOR G
Address: 6170 9TH AVENUE CR. N.E.
City-St-Zip: BRADENTON, FL 34212

Title: DIRE ( ) Change (X) Addition
Name: AVECILLAS, JAIME F
Address: 6170 9TH AVE. CR N.E.
City-St-Zip: BRADENTON, FL 34212

Title: SEC ( ) Change (X) Addition
Name: YATACO, JOSE
Address: 6170 9TH AVE. CR. N.E.
City-St-Zip: BRADENTON, FL 34212

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: MOONASAR P. RAMPERTAAP M.D. M.D. 01/06/2005

Electronic Signature of Signing Officer or Director Date