2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18317

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BRADENTON, FL 34212

6170 9TH AVE. CR. N.E.

BRADENTON, FL 34212

YATACO, JOSÉ

(X) Delete

SEC

Entity Name: LUNG ASSOCIATES, P.A.

FILED Jan 06, 2007 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place of	Business:	
4002 ST RD 674					
A SUN CITY CTR, FL 33573 US					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	AVE CT NE ON, FL 34202	US	6170 9TH AVE CT NE BRADENTON, FL 34 21:	2 US	
FEI Number:	65-0151746	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
RAMPERTAPP, MOONASAR P. 6170 9TH AVE NE BRADENTON, FL 34203 US			6170 9TH AVE NE	RAMPERTAPP, MOONASAR P MGR 6170 9TH AVE NE BRADENTON, FL 34212 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: MP RAMPERTAAP				01/06/2007	
Electronic Signature of Registered Agent			nt	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PS () I RAMPERTAAP, N 6170 9TH AVE N BRADENTON, FI	E	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) GHOBRIAL, VICT 6170 9TH AVENU BRADENTON, FL	JE CR. N.E.	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	DIRE (X) AVECILLAS, JAII 6170 9TH AVE. (Title: () Name: Address:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MP RAMPERTAAP MGR 01/06/2007

() Change () Addition