

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L25212

FILED
Apr 28, 2005
Secretary of State

Entity Name: PULMONARY AND INTERNAL MEDICINE CONSULTANTS, P.A.

Current Principal Place of Business:

7351 W. OAKLAND PARK BLVD.
SUITE 103
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

7351 W. OAKLAND PARK BLVD.
SUITE 103
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 65-0154329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAROLD, LANDA
7351 W OAKLAND PK BLVD
FORT LAUDERDALE, FL 33319 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: D () Delete
Name: LANDA, HAROLD,
Address: 7351 W OAKLAND PARK BLVD
City-St-Zip: LAUDERHILL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: HAROLD LANDA

D

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date