FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L41764** **(6)**

1. Corporation Name
PULMONARY ASSOCIATES OF CENTRAL FLORIDA, P.A.

Principal Place of Business	Mailing Address
500 DELANEY AVENUE SUITE 201 ORLANDO FL 32801 US	500 S. DELANEY AVENUE SUITE 201 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/11/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 2501 N. ORANGE AVE	26 2501 N. ORANGE AVE
Suite, Apt. #, etc. 22 SUITE 402	Suite, Apt. #, etc. 27 SUITE 402
City & State 23 ORLANDO, FL.	City & State 28 ORLANDO FL.
Zip / Country 24 32804 / 25 ORANGE	Zip / Country 29 32804 / 30 ORANGE

4. FEI Number: **65-0153070** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SNYDER, ROBERT C.
500 S. DELANEY AVENUE
SUITE 201
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0403 and/or 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE: OP NAME: SNYDER, ROBERT C. STREET ADDRESS: 60 W. COLUMBIA ST. CITY, ST, ZIP: ORLANDO FL	☐ Change ☐ Addition
TITLE: ST NAME: SNYDER, ROBERT C. STREET ADDRESS: 60 W. COLUMBIA ST. CITY, ST, ZIP: ORLANDO FL	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	☐ Change ☐ Addition

14. To the best of my knowledge, I affirm that the information supplied with this filing is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address, with respect to, the corporation identified.

SIGNATURE: Robert C. Snyder M.D. 4/28/95 407-896-5946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0083166 CP