

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M17427

FILED
Mar 20, 2012
Secretary of State

Entity Name: PULMONARY DISEASE SPECIALISTS, P.A.

Current Principal Place of Business:

720 W OAK ST
STE 201
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

720 W OAK ST
STE 201
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 59-2545833 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

O'BRIEN, THOMAS W MD
720 W OAK ST
STE 201
KISSIMMEE, FL 34741 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

OFFICERS AND DIRECTORS:

Title: PD
Name: O'BRIEN, THOMAS W M.D.
Address: 720 W OAK ST STE 201
City-St-Zip: KISSIMMEE, FL 34741

Title: VD
Name: GRIGGS, ADAM L DO
Address: 720 W OAK ST STE 201
City-St-Zip: KISSIMMEE, FL 34741

Title: SD
Name: LUCIO, JAMES A MD
Address: 720 W. OAK ST. STE. 201
City-St-Zip: KISSIMMEE, FL 34741

Title: TD
Name: NAZARIO, RHODERICK C MD
Address: 720 W. OAK ST., STE. 201
City-St-Zip: KISSIMMEE, FL 34741

Title: ASD
Name: AMEH, JOSEPH I MD
Address: 720 W OAK ST., STE. 201
City-St-Zip: KISSIMMEE, FL 34741

Title: ATD
Name: URDANETA, JOSE MD
Address: 720 W OAK ST., STE.201
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: THOMAS W. O'BRIEN, M.D.

PD

03/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date