

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 22, 2012  
Secretary of State**

DOCUMENT# M17427

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:**

1121 NORTH CENTRAL AVENUE  
STE B  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

720 W OAK ST  
STE 201  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

1121 NORTH CENTRAL AVENUE  
STE B  
KISSIMMEE, FL 34741 US

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:**

O'BRIEN, THOMAS W MD  
1121 NORTH CENTRAL AVENUE  
STE B  
KISSIMMEE, FL 34741 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:

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: O'BRIEN, THOMAS W M.D.  
Address: 1121 NORTH CENTRAL AVENUE, SUITE B  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: VD  
Name: GRIGGS, ADAM L DO  
Address: 1121 NORTH CENTRAL AVENUE, SUITE B  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: SD  
Name: LUCIO, JAMES A MD  
Address: 1121 NORTH CENTRAL AVENUE, SUITE B  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: TD  
Name: NAZARIO, RHODERICK C MD  
Address: 1121 NORTH CENTRAL AVENUE, SUITE B  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: ASD  
Name: AMEH, JOSEPH I MD  
Address: 1121 NORTH CENTRAL AVENUE, SUITE B  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: ATD  
Name: URDANETA, JOSE MD  
Address: 1121 NORTH CENTRAL AVENUE, SUITE B  
City-St-Zip: KISSIMMEE, FL 34741 US

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

03/22/2012

Electronic Signature of Signing Officer or Director

Date