

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019082

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: CENTER FOR PULMONARY MEDICINE, P.A.

## Current Principal Place of Business:

499 E CENTRAL PKWY  
205  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

## Current Mailing Address:

499 E CENTRAL PKWY  
205  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

499 E CENTRAL PKWY  
120  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3708866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILLIARD, LAWRENCE M MD  
499 E CENTRAL PARKWAY  
SUITE 205  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

GILLIARD, LAWRENCE M MD  
499 E CENTRAL PARKWAY  
SUITE 120  
ALTAMONTE SPRINGS, FL 32701 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:

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GILLIARD, LAWRENCE M MD,FCCP  
Address: 499 E CENTRAL PKWY, STE 205  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GILLIARD, LAWRENCE M MD,FCCP  
Address: 499 E CENTRAL PKWY, STE 120  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: LAWRENCE M GILLIARD, MD

P

04/11/2005

Electronic Signature of Signing Officer or Director

Date