2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# P00000019082

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:

499 E CENTRAL PKWY
120
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

499 E CENTRAL PKWY
120
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

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

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 Chapter 119, 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, FCCP P 04/07/2006

Electronic Signature of Signing Officer or Director — Date