

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019082

FILED
Apr 24, 2007
Secretary of State

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

Current Principal Place of Business:

499 E CENTRAL PKWY
120
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

925 NORTH SPRING GARDEN AVE
DELAND, FL 32720

Current Mailing Address:

499 E CENTRAL PKWY
120
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

925 NORTH SPRING GARDEN AVE
DELAND, FL 32720

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:

GILLIARD, LAWRENCE M MD
925 NORTH SPRING GARDEN AVE
DELAND, FL 32720 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:

04/24/2007

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: P (X) Change () Addition
Name: GILLIARD, LAWRENCE M MD
Address: 925 NORTH SPRING GARDEN AVE
City-St-Zip: DELAND, FL 32720

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

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date