

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000036773

1. Entity Name
PEDIATRIC PULMONARY SPECIALISTS, P.A.



Principal Place of Business

3003 W M. L. KING BLVD
MAB 3RD FLOOR
TAMPA, FL 33607

Mailing Address

PO BOX 151637
TAMPA, FL 33684

DO NOT WRITE IN THIS SPACE



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3639499

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LEMAR, DAVID A JR CPA
6508 EAST FOWLER AVENUE
TAMPA, FL 33617

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000570414
07/14/06-20014-021 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, DAVID MD 18817 AVENUE BIARRITZ LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, FRANCINE 18817 AVENUE BIARRITZ LUTZ, FL 33549
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Rosenberg MD David Rosenberg 7/14/06 813-870-1995