2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036773

Entity Name: PEDIATRIC PULMONARY SPECIALISTS, P.A.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
3003 W M. L. KING BLVD MAB 3RD FLOOR TAMPA, FL 33607			4714 N ARMENIA AVE SUITE 201 TAMPA, FL 33603		
Current Mailing Address:			New Mailing Address:		
PO BOX 1 TAMPA, F					
FEI Number: 59-3639499 FEI Number Applied For		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
6508 EAS	IAVID A JR CF T FOWLER AV L 33617 U	/ENUE			
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Age			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (ROSENBERG, 18817 AVENUI LUTZ, FL 335	E BIARRITZ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ROSENBERG, 18817 AVENUI LUTZ, FL 335	E BIARRITZ	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: DAVID ROSENBERG MD D 01/09/2008