


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000028798 1. Entity Name SOUTH FLORIDA PULMONARY CONSULTANTS, P.A.	
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Principal Place of Business 9380 S.W. 150 STREET SUITE 200 MIAMI, FL 33176	Mailing Address 9380 S.W. 150 STREET SUITE 200 MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE

01272004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1088055** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MEZEY, ROBERT J M.D.
9380 S.W. 150 STREET
SUITE 200
MIAMI, FL 33176**

**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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEZEY, ROBERT J M.D. 9380 S.W. 150 STREET SUITE 200 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRAINSON, JAMES P M.D. 9380 S.W. 150 STREET SUITE 200 MIAMI, FL 33176
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Robert J. Mezey MD **2/23/04** **305 255 0177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #