

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000040727

1. Entity Name
PULMONARY AND SLEEP DISORDER CENTERS, INC.



Principal Place of Business
**2855 N. UNIVERSITY DR. STE 200
CORAL SPRINGS, FL 33065 US**

Mailing Address
**2855 N. UNIVERSITY DR. STE 200
CORAL SPRINGS, FL 33065 US**



06152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0148286

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LYNN, BRIAN PA
TWO SOUTH UNIVERSITY DRIVE
SUITE -215
PLANTATION, FL 33324**

**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 Walter Ignasiak DATE 9-2-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$850.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **IGNASIAK, WALTER**
STREET ADDRESS **4961 NW 102 DRIVE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

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09/13/04-80004-004 550.00

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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)(f), 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: Walter Ignasiak Date 9-2-04 Daytime Phone # 954-796-1118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR