

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000040727

FILED
Oct 12, 2005
Secretary of State

Entity Name: PULMONARY AND SLEEP DISORDER CENTERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1097754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: BRIAN LYNN

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: IGNASIAK, WALTER
Address: 4961 NW 102 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WALTER IGNASIAK

D

10/12/2005

Electronic Signature of Signing Officer or Director

Date