

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080563

FILED
Jan 13, 2005
Secretary of State

Entity Name: PENSACOLA PULMONARY ASSOCIATES, P.A.

Current Principal Place of Business:

8333 NORTH DAVIS WAY
6TH FLOOR
PENSACOLA, FL 32514

New Principal Place of Business:

8333 N DAVIS HIGHWAY
SUITE 6005
PENSACOLA, FL 32514

Current Mailing Address:

2532 ROSEDOWN DRIVE
CANTONMENT, FL 32504

New Mailing Address:

PO BOX 11515
PENSACOLA, FL 32524

FEI Number: 59-3738586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, WILLIAM R
3298 SUMMIT BOULEVARD
SUITE 29, JEFFERSON OFFICE PARK
PENSACOLA, FL 32503 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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCOTT MD, MARK
Address: 8333 N DAVIS HWY 6TH FLOOR
City-St-Zip: PENSACOLA, FL 32514

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: SCOTT, MARK P MD
Address: 8333 N DAVIS HWY SUITE 6005
City-St-Zip: PENSACOLA, FL 32514

Title: MD () Change (X) Addition
Name: FAY, JAMES E MD
Address: 8333 N DAVIS HWY SUITE 6005
City-St-Zip: PENSACOLA, FL 32514

Title: MD () Change (X) Addition
Name: HAJ OBEID, JACK I MD
Address: 8333 N DAVIS HWY SUITE 6005
City-St-Zip: PENSACOLA, FL 32514

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: MARK P SCOTT MD

MD

01/13/2005

Electronic Signature of Signing Officer or Director

Date