

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080563

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: PENSACOLA PULMONARY ASSOCIATES, P.A.

## Current Principal Place of Business:

8333 N DAVIS HIGHWAY  
SUITE 6005  
PENSACOLA, FL 32514

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 11515  
PENSACOLA, FL 32524

## New Mailing Address:

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:

MITCHELL, WILLIAM R  
3298 SUMMIT BOULEVARD  
SUITE 22, JEFFERSON OFFICE PARK  
PENSACOLA, FL 32503 US

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:

01/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: MARK P. SCOTT

MD

01/06/2006

Electronic Signature of Signing Officer or Director

Date