

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

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1. Entity Name

PENSACOLA PULMONARY ASSOCIATES, P.A.

Principal Place of Business

8333 N DAVIS HIGHWAY
PENSACOLA, FL 32514

Mailing Address

PO BOX 11515
PENSACOLA, FL 32524



03012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3738586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, WILLIAM R
125 S ALCANIZ STREET
PENSACOLA, FL 32502

**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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

[Signature]

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000854977

03/27/08 80031-004 150.00

10. OFFICERS AND DIRECTORS

TITLE MD
NAME SCOTT, MARK P MD
STREET ADDRESS 8333 N DAVIS HWY
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE MD
NAME FAY, JAMES E MD
STREET ADDRESS 8333 N DAVIS HWY
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE MD
NAME HAJ OBEID, JACK I MD
STREET ADDRESS 8333 N DAVIS HWY
CITY-ST-ZIP PENSACOLA, FL 32514

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NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

850-471-3454