## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006783

Entity Name: FLORIDA LUNG SPECIALISTS, P.A.

FILED Jan 12, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

10000 WEST COLONIAL DRIVE 1580 CITRUS MEDICAL COURT SUITE 380

SUITE 101

OCOEE, FL 34761

**Current Mailing Address: New Mailing Address:** 

P.O BOX 720917 ORLANDO, FL 32872

OCOEE, FL 34761

FEI Number: 26-0040554 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAMY, SHAHID SAMY, SHAHID 1580 CITRUS MEDICAL COURT 10000 WEST COLONIAL DRIVE SUITE 101 SUITE 380 OCOEE, FL 34761 US OCOEE, FL 34761 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: 01/12/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: SAMY, SHAHID

1580 CITRUS MEDICAL COURT SUITE 101 Address:

City-St-Zip: OCOEE, FL 34761

Title:

SAMY, SHAHID Name:

Address: 10960 DYLAN LOREN CIRCLE

ORLANDO, FL 32825 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: SHAHID SAMY MD 01/12/2011