

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000006783

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA LUNG SPECIALISTS, P.A.

**Current Principal Place of Business:**

1580 CITRUS MEDICAL COURT  
SUITE 101  
OCOE, FL 34761

**New Principal Place of Business:**

1584 CITRUS MEDICAL COURT  
OCOE, FL 34761

**Current Mailing Address:**

P.O BOX 720917  
ORLANDO, FL 32872

**New Mailing Address:**

**FEI Number:** 26-0040554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAMY, SHAHID  
1580 CITRUS MEDICAL COURT  
SUITE 101  
OCOE, FL 34761 US

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

SAMY, SHAHID  
1584 CITRUS MEDICAL COURT  
OCOE, 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: SHAHID SAMY

02/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SAMY, SHAHID  
Address: 1584 CITRUS MEDICAL COURT  
City-St-Zip: OCOE, FL 34761

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

P

02/18/2012

Electronic Signature of Signing Officer or Director

Date