

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068881

FILED
Mar 17, 2008
Secretary of State

Entity Name: PULMONARY MEDICINE ASSOCIATES OF MIAMI, P.A.

Current Principal Place of Business:

4302 ALTON ROAD
SUITE 210
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4302 ALTON ROAD
SUITE 210
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 22-3859088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIMENT, LAWRENCE M
3420 CHASE AVENUE
MIAMI BEACH, FL 33140 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: S () Delete
Name: CIMENT, LAWRENCE M
Address: 3420 CHASE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: P () Delete
Name: GALBUT, ROBERT N
Address: 515 WEST 47TH STREET
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LAWRENCE M. CIMENT

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03/17/2008

Electronic Signature of Signing Officer or Director

Date