2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P03000058328** 03-24-2008 90058 006 ***150.00 PULMONARY CARE OF CENTRAL FLORIDA, P.A. Principal Place of Business Mailing Address 1110 KENTUCKY AVE 1110 KENTUCKY AVE WINTER PARK, FL 32789 WINTER PARK, FL 32789 02022008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1188872 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ALDARONDO, SIGFREDO DO NOT WRITE 929 VERSAILLES CIRCLE MAITLAND, FL 32751 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE ALDARONDO, SIGFREDO NAME STREET ADDRESS 929 VERSAILLES CIRCLE CITY-ST-ZIP MAITLAND, FL 32751 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 employered 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: 4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 24, 2008 8:00 am