2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P03000058328

Entity Name: PULMONARY CARE OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

1110 KENTUCKY AVE
WINTER PARK, FL 32789

New Principal Place of Business:

1110 N KENTUCKY AVE
WINTER PARK, FL 32789

Current Mailing Address:

1110 KENTUCKY AVE
WINTER PARK, FL 32789

New Mailing Address:

1110 N KENTUCKY AVE
WINTER PARK, FL 32789

FEI Number: 65-1188872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALDARONDO, SIGFREDO
929 VERSAILLES CIRCLE
MAITLAND, FL 32751 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: PS ( ) Delete
Name: ALDARONDO, SIGFREDO
Address: 929 VERSAILLES CIRCLE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SIGFREDO ALDARONDO PS 02/27/2009

Electronic Signature of Signing Officer or Director Date