

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058328

FILED
Feb 15, 2011
Secretary of State

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

Current Principal Place of Business:

1110 N KENTUCKY AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1110 N KENTUCKY AVE
WINTER PARK, FL 32789

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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: SIGFREDO ALDARONDO

PS

02/15/2011

Electronic Signature of Signing Officer or Director

Date