

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90166 005 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P04000046743

1. Entity Name

LEHIGH PULMONARY &amp; SLEEP ASSOCIATES, P. A.



Principal Place of Business

1420-22 LEE BLVD  
LEHIGH ACRES, FL 33936

Mailing Address

1420-22 LEE BLVD  
LEHIGH ACRES, FL 33936

40



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number ~~38-3663582~~ 20-0890832 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional  
 Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

EL-GENDAY, ALAA A  
1420-22 LEE BLVD.  
LEHIGH ACRES, FL 33936

**DO NOT WRITE  
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DR.  
 NAME EL-GENDAY, ALAA A  
 STREET ADDRESS 1420-22 LEE BLVD  
 CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

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 empowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28

2398980260

Date

Daytime Phone #