## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046743

Entity Name: LEHIGH PULMONARY & SLEEP ASSOCIATES, P. A.

**FILED** Mar 28, 2012 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

2625 LEE BLVD 2625 LEE BLVD LEHIGH ACRES, FL 33971

US SUITE 103

LEHIGH ACRES, FL 33971 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 3445

N FORT MYERS, FL 33918 US

FEI Number: 20-0890832 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EL-GENDY, ALAA A EL-GENDY, ALAA A 2625 LEE BLVD 2625 LEE BLVD LEHIGH ACRES, FL 33971 US SUITE 103

LEHIGH ACRES, FL 33971 US

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: ALAA EL-GENDY 03/28/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

EL-GENDY, ALAA A Name: 2625 LEE BLVD Address: City-St-Zip: LEHIGH ACRES, FL 33971

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: ALAA EL-GENDY MR 03/28/2012