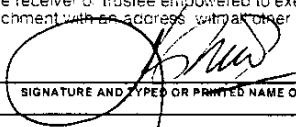


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90373 037 ***150.00

DOCUMENT # P04000096115 1. Entity Name PULMONARY ASSOCIATES OF ST. AUGUSTINE, P.A.					
Principal Place of Business 300 HEALTH PARK BLVD., SUITE 100 ST AUGUSTINE, FL 32086			Mailing Address 300 HEALTH PARK BLVD., SUITE 100 ST AUGUSTINE, FL 32086		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1395801	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PULIGNANO, NICHOLAS V JR. 1200 RIVERPLACE BLVD., SUITE 800 JACKSONVILLE, FL 32207			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-issuing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HUSAIN, KISHWAR		NAME		
STREET ADDRESS	300 HEALTH PARK BLVD., SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 or without like empowered					
SIGNATURE: 			Kishwar Husain		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone		

904-824-8666