2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# P04000096115

Entity Name: PULMONARY ASSOCIATES OF ST. AUGUSTINE, P.A.

Current Principal Place of Business:

300 HEALTH PARK BLVD., SUITE 1000
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

300 HEALTH PARK BLVD., SUITE 1000
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-1395801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PULIGNANO, NICHOLAS V JR.
1200 RIVERPLACE BLVD., SUITE 800
JACKSONVILLE, FL 32207 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: DPS ( ) Delete
Name: HUSAIN, KISHWAR
Address: 300 HEALTH PARK BLVD SUITE 1000
City-St-Zip: ST AUGUSTINE, FL 32086

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DR ( ) Change (X) Addition
Name: ANAND, AMIT N MD
Address: 300 HEALTHPARK BLVD, SUITE 1000
City-St-Zip: ST.AUGUSTINE, FL 32086

Title: DR. ( ) Change (X) Addition
Name: FESTIC, EMIR MD
Address: 300 HEALTHPARK BLVD
City-St-Zip: ST.AUGUSTINE, FL 32086

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: SHAKIRA HUSAIN MD 05/08/2007

Electronic Signature of Signing Officer or Director — Date