


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90253 044 ***150.00

DOCUMENT # P04000096115	
1. Entity Name PULMONARY ASSOCIATES OF ST. AUGUSTINE, P.A.	

Principal Place of Business 300 HEALTH PARK BLVD., SUITE 1000 ST AUGUSTINE, FL 32086	Mailing Address 300 HEALTH PARK BLVD., SUITE 1000 ST AUGUSTINE, FL 32086
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 4000	3. Mailing Address Suite, Apt. #, etc. 4000
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City & State	City & State
Zip	Country

03112008 Chg-P CR2E034 (12/06)

4. FEI Number 20-1395801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PULIGNANO, NICHOLAS V JR. 1200 RIVERPLACE BLVD., SUITE 800 JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS HUSAIN, KISHWAR 300 HEALTH PARK BLVD SUITE 1000 ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Health Park Blvd Suite 4000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR ANAND, AMIT N MD 300 HEALTHPARK BLVD, SUITE 1000 ST.AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Asst S
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. FESTIC, EMIR MD 300 HEALTHPARK BLVD ST.AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an officer like empowered.

SIGNATURE:  Kishwar Husain 5/1/08 904-824-8666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #