2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2011
Secretary of State

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

Current Principal Place of Business:

300 HEALTH PARK BLVD.,
4000
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

300 HEALTH PARK BLVD.,
4000
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
Name: HUSAIN, KISHWAR
Address: 300 HELATH PARK BLVD SUITE 4000
City-St-Zip: ST AUGUSTINE, FL 32086

Title: TVP
Name: ADUEN, JAVIER MD
Address: 300 HEALTHPARK BLVD, SUITE 4000
City-St-Zip: ST.AUGUSTINE, FL 32086

Title: MGR
Name: SAWYER, BRENDA CRT
Address: 300 HEALTH PARK BLVD, SUITE 4000
City-St-Zip: ST. AUGUSTINE, FL 32086

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: BRENDA SAWYER MGR 01/13/2011

Electronic Signature of Signing Officer or Director — Date