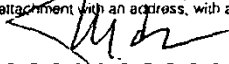


FILED
Aug 11, 2006 8:00 am
Secretary of State

07-31-2006 90004 014 ***550.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

66022926

DOCUMENT # P05000044864			
1. Entity Name PULMONARY & CRITICAL CARE PHYSICIAN OF SOUTH FLORIDA, INC.			
Principal Place of Business 760 PONCE DE LEON BLVD SUITE 107 CORAL GABLES, FL 33134 US		Mailing Address 760 PONCE DE LEON BLVD SUITE 107 CORAL GABLES, FL 33134 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FET Number 2052021569		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, MANUEL J M.D. 760 PONCE DE LEON BLVD SUITE 107 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		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 NAME STREET ADDRESS CITY- ST- ZIP	PD HERNANDEZ, MANUEL J M.D. 760 PONCE DE LEON BLVD - SUITE 107 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 all other like empowered.			
SIGNATURE: 		07.26.2006 Jan. 8. 2006 8166	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	