

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P05000044864

1. Entity Name
PULMONARY & CRITICAL CARE PHYSICIAN OF SOUTH
FLORIDA, INC.



Principal Place of Business
7500 SW 8 STREET
SUITE 206
MIAMI, FL 33144 US

Mailing Address
PO BOX 350085
MIAMI, FL 33135 US



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2621069	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

HERNANDEZ, MANUEL J M.D.
7500 SW 8 STREET
SUITE 206
MIAMI, FL 33144

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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 ☐

\$5.00 May Be
Added to Fees

U00000894413
04/24/08-20026-021-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, MANUEL J M.D. 7500 SW 8 STREET MIAMI, FL 33144
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2008 (305) 856-8166

Date

Daytime Phone #