2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# P05000044864

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

Current Principal Place of Business:

7500 SW 8 STREET
SUITE 206
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 350085
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 20-2621069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: HERNANDEZ, MANUEL J M.D.
Address: 7500 SW 8 STREET
City-St-Zip: MIAMI, FL 33144 US

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: MANUEL J HERNANDEZ PD 04/05/2010

Electronic Signature of Signing Officer or Director Date