2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

DOCUMENT# P05000065376

Entity Name: PULMONARY AND SLEEP CENTER OF LAKE CITY P.A.

Current Principal Place of Business:

320 NW TURNER AVE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

320 NW TURNER AVE
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 41-2174969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUARTE, THERESA A
320 NW TURNER AVE
LAKE CITY, FL 32055 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: PVST
Name: DUARTE, DIOGENES F MD
Address: 212 NW LAKE VALLEY TERRACE
City-St-Zip: LAKE CITY, FL 32055

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: DIOGENES DUARTE DR 04/06/2011

Electronic Signature of Signing Officer or Director — Date