2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P05000159394

Entity Name: BROWARD PULMONARY CONSULTANTS, P.A.

Current Principal Place of Business:

2825 N. STATE RD. 7
201
MARGATE, FL 33063

New Principal Place of Business:

39 CHESTNUT CIRCLE
COOPER CITY, FL 33026

Current Mailing Address:

3369 BRADENHAM LN
DAVIE, FL 33328

New Mailing Address:

39 CHESTNUT CIRCLE
COOPER CITY, FL 33026

FEI Number: 20-4091290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEINMAN, STEVEN A ESQ
8530 STATE RD 84
DAVIE, FL 33324 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: PRES ( ) Delete
Name: GOYOS, JOSE M D.O.
Address: 3369 BRADENHAM LN
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GOYOS, JOSE M D.O.
Address: 39 CHESTNUT CIRCLE
City-St-Zip: COOPER CITY, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE M GOYOS PRES 04/28/2009

Electronic Signature of Signing Officer or Director Date