


FILED

Jan 14, 2008 08:00 AM  
Secretary of State

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000161237	
1. Entity Name FLORIDA ADVANCED PULMONARY, P.A.	

Principal Place of Business 2801 SW COLLEGE RD STE 16 OCALA, FL 34474	Mailing Address 2801 SW COLLEGE RD STE 16 OCALA, FL 34474
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01032008 No Chg-P CR2E034 (1/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3973758	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

DINKINS, LEWIS E  
201 NE 8TH AVE  
OCALA, FL 34470

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, CHRISTOPHER J 2801 SW COLLEGE RD SUITE 18 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01032008  
01/15/08-80041-003 158.75

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: Christopher J. Sullivan, MD (President) January 3, 2008 (352) 873-0508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days in Month