## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000001905

**FILED** Apr 25, 2007 Secretary of State

Entity Name: PULMONARY & CRITICAL CARE CONSULTANTS OF SOUTH FLORIDA P.A.

| Current Principal Place of Business: N | lew Principal Place of Business: |
|--|----------------------------------|
|--|----------------------------------|

21110 BISCAYNE BLVD 21355 EAST DIXIE HWY

102

AVENTURA, FL 33180 US AVENTURA, FL 33180 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1193

HALLANDALE, FL 33008 US

FEI Number: 20-4052451 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANJUM, KAMAL ANJUM, KAMAL 21110 BISCAYNE BLVD 21355 EAST DIXIE HWY 106 102 AVENTURA, FL 33180 US AVENTURA, FL 33180 US

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: 04/25/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition

ANJUM, KAMAL Name: Name: P.O. BOX 1193 Address: Address: HALLANDALE, FL 33008 US City-St-Zip:

City-St-Zip:

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: KAMAL ANJUM **PRES** 04/25/2007