

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001905

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

21355 EAST DIXIE HWY
102
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1193
HALLANDALE, FL 33008 US

New Mailing Address:

FEI Number: 20-4052451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANJUM, KAMAL
21355 EAST DIXIE HWY
102
AVENTURA, FL 33180 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: P () Delete
Name: ANJUM, KAMAL
Address: P.O. BOX 1193
City-St-Zip: HALLANDALE, FL 33008 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date