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Secretary of State

01-24-2008 90028 023 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

1

DOCUMENT # P07000019310

1. Entity Name
PULMONARY, CRITICAL CARE & SLEEP SPECIALISTS OF LAKE COUNTY, P.A.

66002734

Principal Place of Business	Mailing Address
% GRACIE R. BLAIR 235 S MAITLAND AVE - STE 206 MAITLAND, FL 32757	P O BO 386 TAVARES, FL 32778

01142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3350 Waterman Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tavares FL		City & State	
Zip: 32778	Country: USA	Zip	Country

4. FEI Number: 208440392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAIR, GRACIE R
235 S MAITLAND AVE
STE 206
MAITLAND, FL 32757

7. Name and Address of New Registered Agent

Name: Ahmad Jalloul MD
Street Address (P.O. Box Number is Not Acceptable): 3350 Waterman Way
City: Tavares FL Zip Code: 32778

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: [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1/14/08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JALLOUL, AHMAD P O BOX 386 TAVARES, FL 32778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/14/2008 — Daytime Phone #: 352-343-1938