

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019310

FILED
Jan 05, 2009
Secretary of State

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

Current Principal Place of Business:

3350 WATERMAN WAY
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P O BOX 386
TAVARES, FL 32778

New Mailing Address:

P O BOX 386
TAVARES, FL 32778

FEI Number: 20-8440392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JALLOUL, AHMAA MD
3350 WATERMAN WAY
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

JALLOUL, AHMAD MD
3350 WATERMAN WAY
TAVARES, FL 32778 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: AHMAD JALLOUL, MD

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JALLOUL, AHMAD
Address: P O BOX 386
City-St-Zip: TAVARES, FL 32778

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: AHMAD JALLOUL, MD

D

01/05/2009

Electronic Signature of Signing Officer or Director

Date