

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100993

FILED
Jan 22, 2008
Secretary of State

Entity Name: CLINIC OF PULMONARY DISEASES, P.A.

Current Principal Place of Business:

717 EAST MICHIGAN STREET
ORLANDO, FL 32806 US

New Principal Place of Business:

6950 DOLCE STREET
ORLANDO, FL 32819 US

Current Mailing Address:

6950 DOLCE STREET
ORLANDO, FL 32819 US

New Mailing Address:

717 EAST OAK STREET
KISSIMMEE, FL 34744 US

FEI Number: 26-0870613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, MARISELLY
6950 DOLCE STREET
ORLANDO, FL 32819 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: MEDINA, MARISELLY
Address: 6950 DOLCE STREET
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MEDINA, MARISELLY
Address: 6950 DOLCE STREET
City-St-Zip: ORLANDO, FL 32819 US

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: MARISELLY MEDINA

PRES

01/22/2008

Electronic Signature of Signing Officer or Director

Date