

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2: 28

DOCUMENT # **P92000013240 (6)**

1. Corporation Name

WEST BROWARD PULMONARY CONSULTANTS, P.A.

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 150 NW 70 AVENUE PLANTATION FL 33317 | 150 NW 70 AVENUE PLANTATION FL 33317 |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 30 Country |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 12/18/1992 | 03/07/1994 |
| 4. FEI Number | Applied For |
| 65-0432710 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

LAVENDER, JOEL R
507 S.E. 11TH CT.
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

| |
|---|
| B1 Name |
| B2 Street Address (P.O. Box Number is Not Acceptable) |
| B3 |
| B4 City |
| B5 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (DATE) _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | D | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALVAREZ, JOSE MD | 2. NAME | |
| STREET ADDRESS | 150 NW 70 AVENUE | 3. STREET ADDRESS | |
| CITY, ST, ZIP | PLANTATION FL 33317 | 4. CITY, ST, ZIP | |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 7. STREET ADDRESS | |
| CITY, ST, ZIP | | 8. CITY, ST, ZIP | |
| TITLE | | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY, ST, ZIP | | 12. CITY, ST, ZIP | |
| TITLE | | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY, ST, ZIP | | 16. CITY, ST, ZIP | |
| TITLE | | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY, ST, ZIP | | 20. CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 on Block 12 or Block 13 of change, or on an attachment with an address.

SIGNATURE: 3/13/95 (305) 584-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR