

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013240

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** WEST BROWARD PULMONARY CONSULTANTS, P.A.

**Current Principal Place of Business:**

140 S.W. 84TH AVE.  
B  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

201 NW 82ND AVE  
SUITE 105  
PLANTATION, FL 33324 US

**Current Mailing Address:**

P.O. BOX 17110  
PLANTATION, FL 33318 US

**New Mailing Address:**

**FEI Number:** 65-0432710      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALVAREZ, JOSE R  
140 SW 84 AVE STE B  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

ALVAREZ, JOSE R  
201 NW 82ND AVE  
SUITE 105  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/01/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALVAREZ, JOSE MD  
Address: 201 NW 82ND AVE SUITE 105  
City-St-Zip: PLANTATION, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: JOSE ALVAREZ

Electronic Signature of Signing Officer or Director

PRES

02/01/2010

Date