

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013240

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**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 R ALVAREZ

PD

03/22/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date